

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Leutheus E. Angell

Town

County

MARYLAND

Died a Near Taneytown

Carroll

Date of death	Month	Day	Years	Months	Days
1908	May	17	Age	8	14

Sex	Male	Color or Race	White	Birth- place	Bed
-----	------	------------------	-------	-----------------	-----

Occupation	None	Where Residing if not at place of death
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Married, Single or Widowed	Single	Name of Wife or Husband
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Father's Name	Arthur Angell	Father's Birthplace	Bed
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Mother's Maiden Name	Minnie Grinnaway	Mother's Birthplace	Bed
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Name of person giving Information	Arthur Angell	How related to deceased	Fathers
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CAUSES OF DEATH

Primary	Pneumonitis	93
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How long
3 days

Immediate	Exhaustion due to Influenza	1 day
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How long

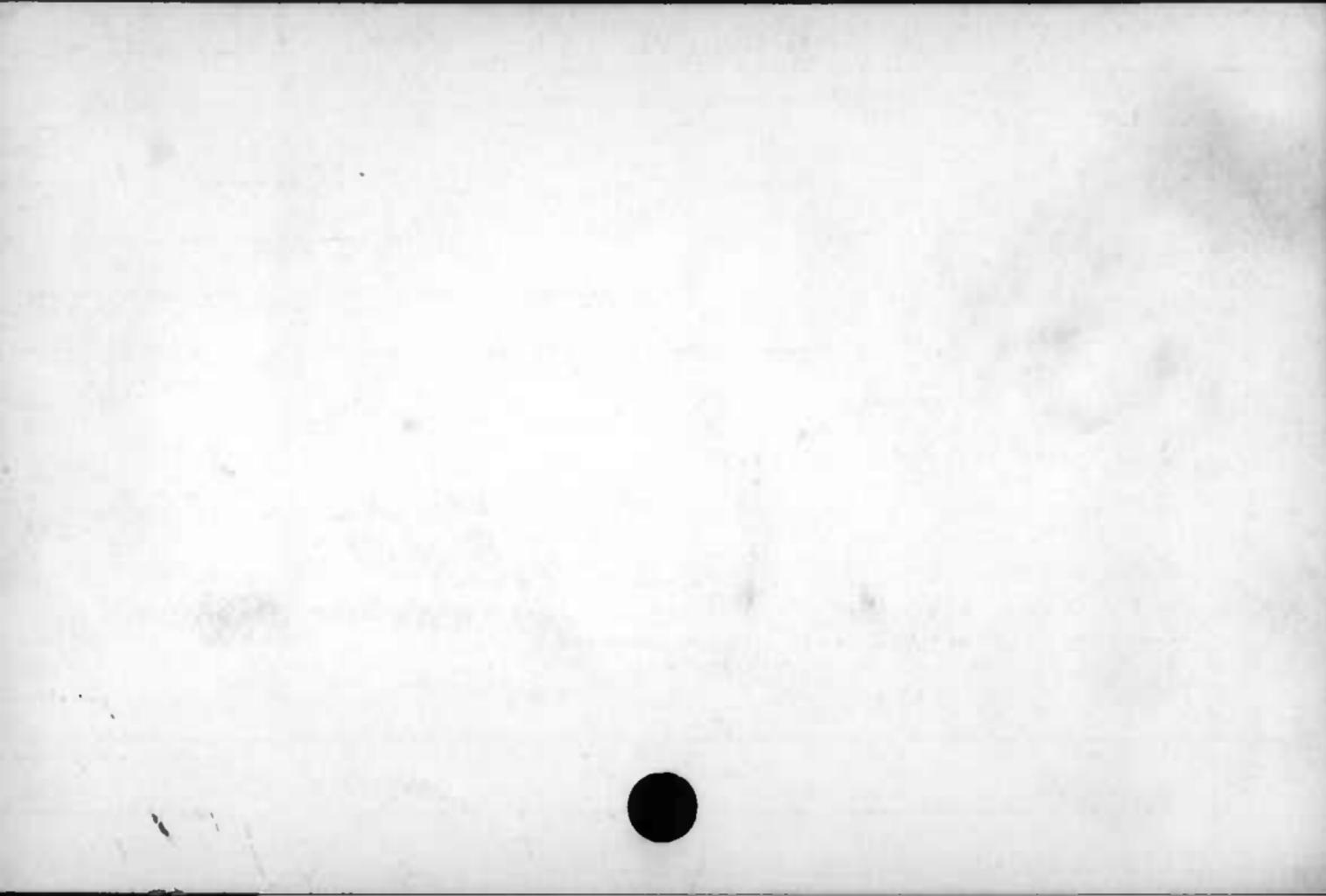
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Charles G. Clark
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Address

Roxville

Taneytown
Md.

Accident or Suicide?



Name
in
Full

Leopold Ascher

CERTIFICATE OF DEATH

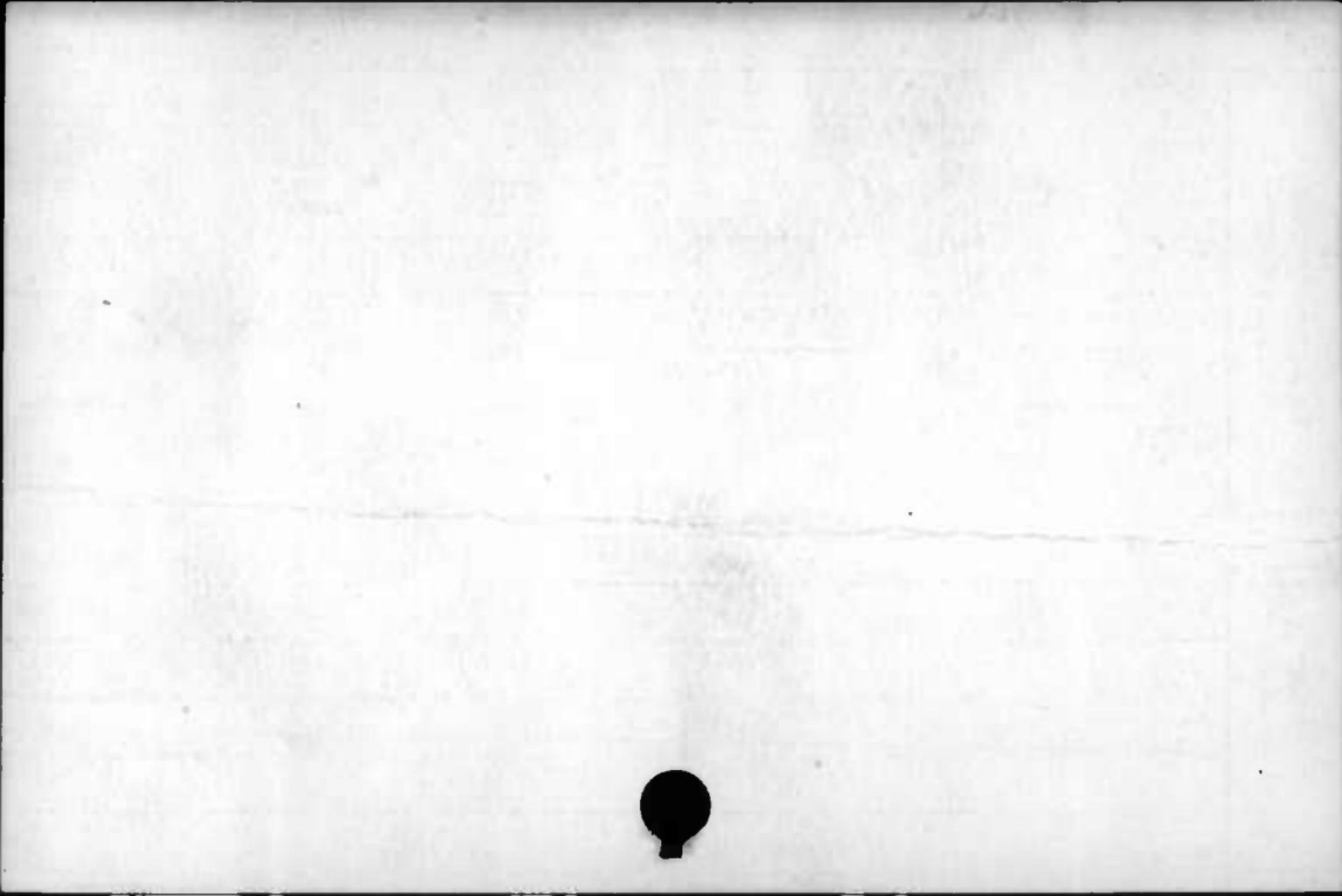
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Springfield Hospital		Carroll				
Date of death	Month	Day	Years	Age	Months	Days
1908	May	10 th	57			
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Paper-hanger			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Rose Ascher			
Father's Name	Isidor Ascher			Father's Birthplace	Germany	
Mother's Maiden Name	Henrietta —			Mother's Birthplace	..	
Name of person giving information	Hospital records			How related to deceased		

CAUSES OF DEATH

68

Primary	Organic dementia		How long	about 2 yrs
Immediate	Central aedema		How long	.. 2 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Chas. J. Carey
			Address	Sykesville Md.
Accident or Suicide?		no		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Upton Stansfield Beasman

CERTIFICATE OF DEATH

Died at near Louisville		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	Carroll Co. Md.	
Occupation	none	Where Residing if not at place of death			same	
Married, Single or Widowed	—	Name of Wife or Husband			—	
Father's Name	Wm F. Beasman			Father's Birthplace	Md.	
Mother's Maiden Name	Annie R. Stansfield			Mother's Birthplace	Md	
Name of person giving Information	Wm F. Beasman			How related to deceased	Father	

CAUSES OF DEATH

92

How long

1 week

How long

1 day.

Primary

Broncho-pneumonia

Immediate

meningitis

Are the name, age, sex, color, date and place correctly given above?

yes

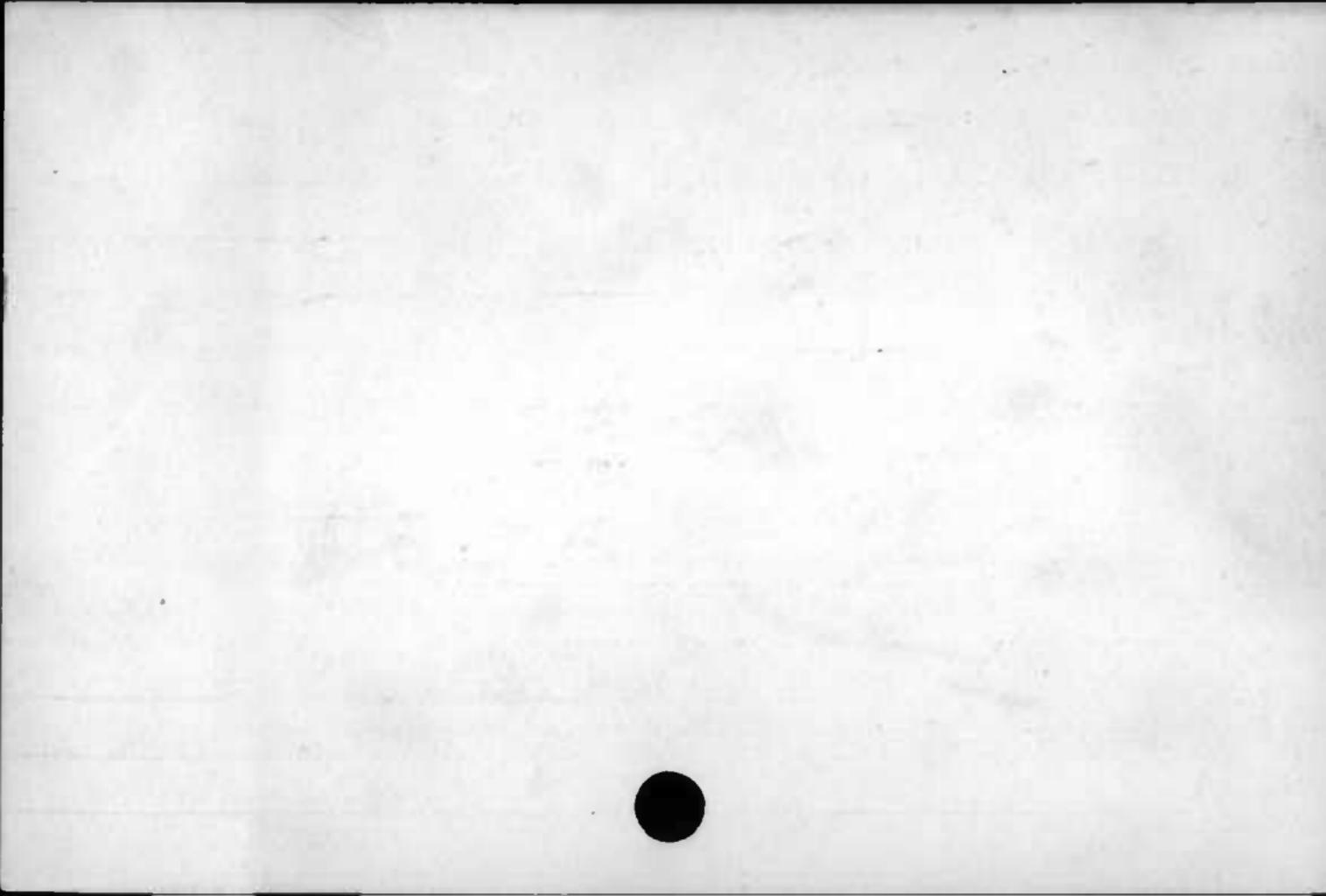
Signature of Physician

Address

MD Morris
Eldersberry
Md.

Accident or Suicide?

no



Name
in
Full

Twins of R. R. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bennett</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>20</u>	Years <u>-</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>male & female</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>Carroll Co. Md</u>		same	
Occupation <u>none</u>					
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>R. R. Bennett</u>	Father's Birthplace <u>md.</u>				
Mother's Maiden Name <u>Gannie Stem</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>R. R. Bennett</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth. 5 mos.

How long -

Immediate

How long -

Are the name, age, sex, color, date and place correctly given above?

yes

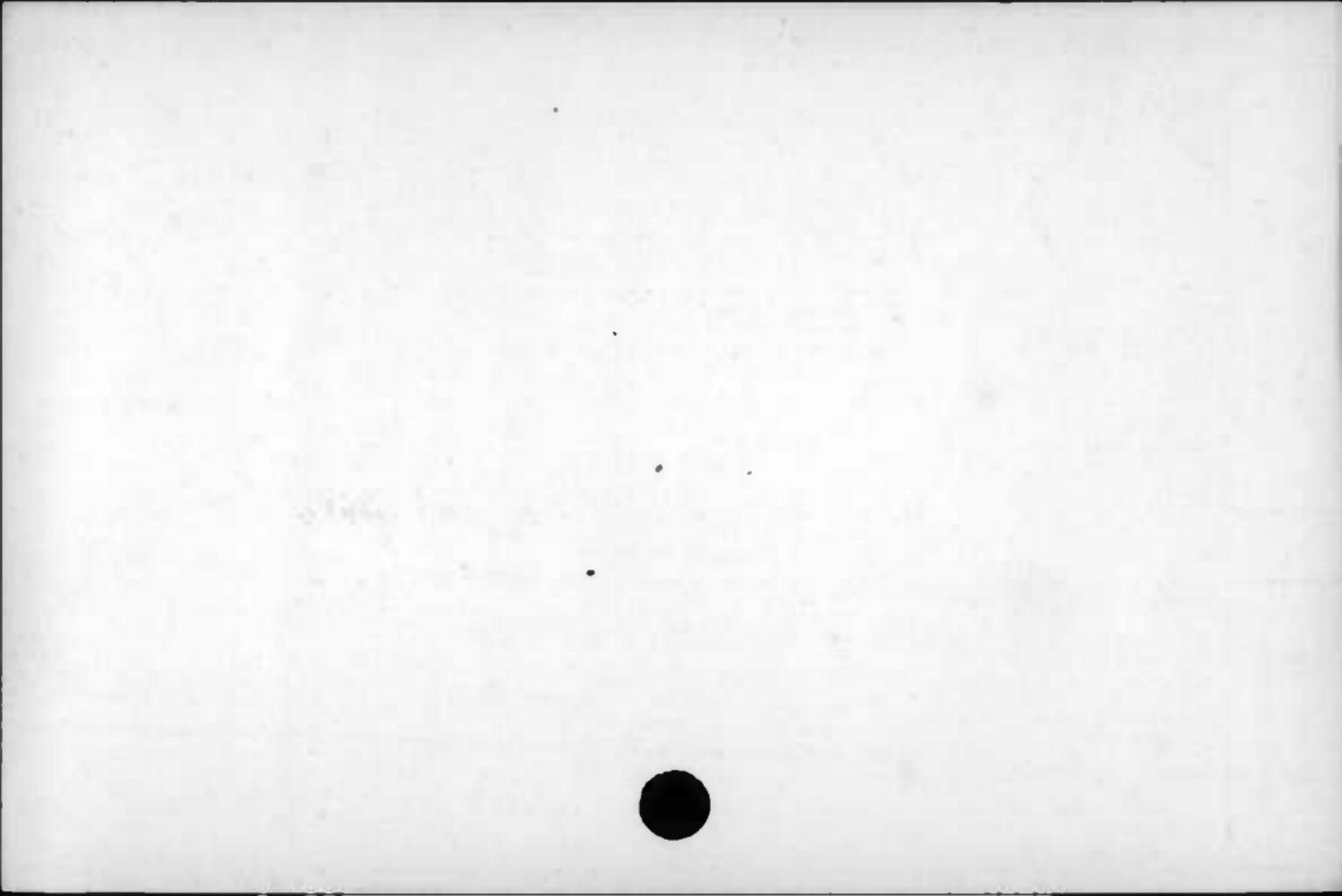
Signature of Physician

Address

MD Morris
Clerk of Court

Accident or Suicide?

no



Name
in
Full

Marie Bonnotte

352
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at <u>Wilmington</u>		Town <u>Carroll</u> County <u>Md</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>10</u>	Age <u>56</u>	Years	Months	Days
Sex <u>female</u>	Color or Race <u>White</u>			Birth-place <u>France</u>		
Occupation <u>Teacher</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ferdinand Bonnotte</u>					
Father's Name <u>Soror</u>	Father's Birthplace <u>France</u>					
Mother's Maiden Name <u>do not know</u>	Mother's Birthplace <u>France</u>					
Name of person giving information <u>J Bonnotte</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

112

How long

Primary

Cirrhosis of the liver

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. M. Sullivan

Address

146 Main St

Accident or Suicide?

Shawn
St John's Cemetery

Name
in
Full

Elizabeth E Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month May	Day 24	Years 1	Months 9	Days	
Sex	Female	Color or Race	White	Birth-place	Ind		
Occupation	Dom		Where Residing if not at place of death				
Married, Single	Single	Name of Wife or Husband					
Father's Name	Burton G Bowers		Father's Birthplace	Ind			
Mother's Maiden Name	Fannie McRiser		Mother's Birthplace	Ind			
Name of person giving information	Burton Bowers		How related to deceased	Father			

CAUSES OF DEATH

7

Primary

Scarlatina

How long

4 days-

Immediate

Hyperpyrexia heart failure. Thromb.

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

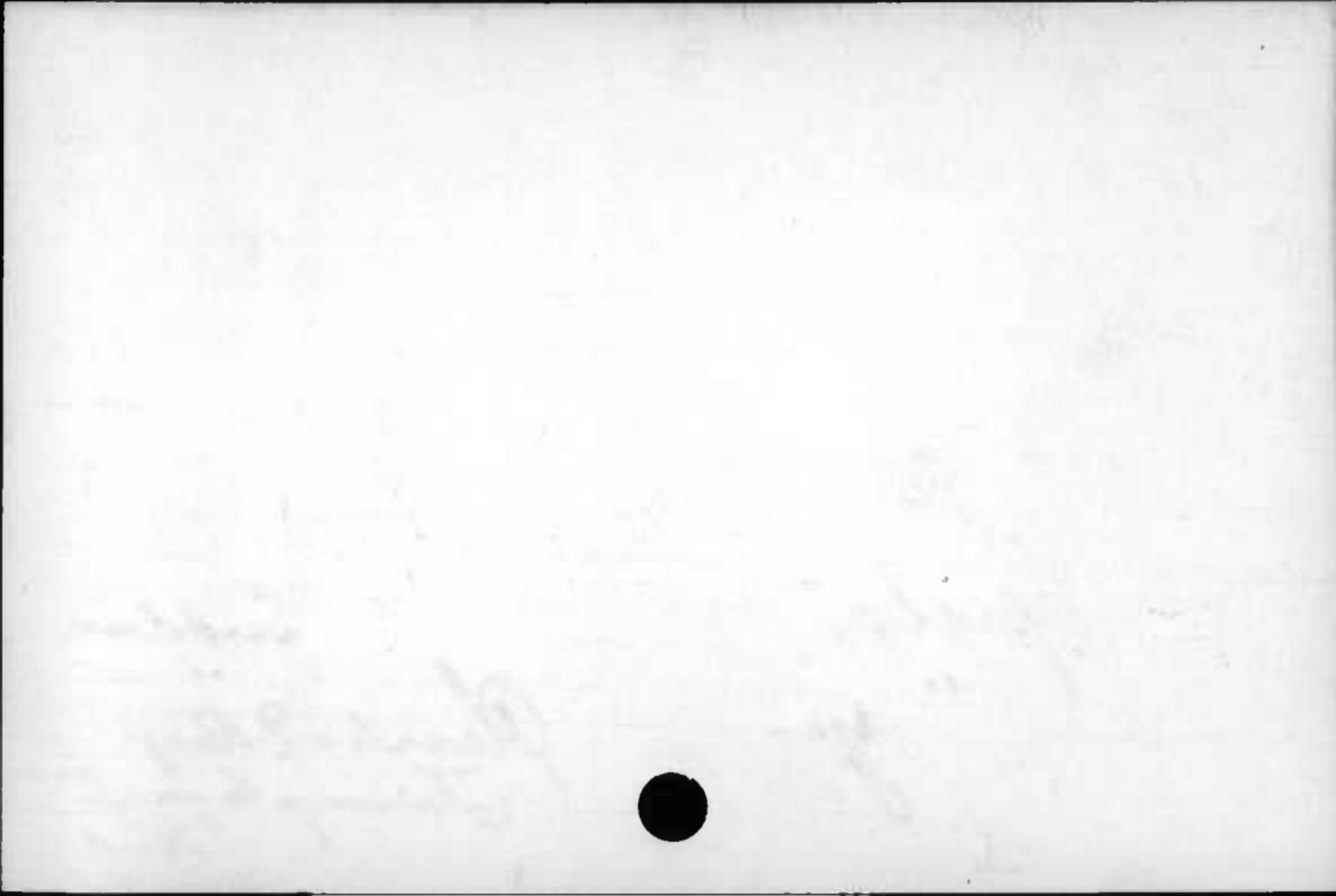
H. H. Sis. M.D.

Gaithersburg
Ind

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Still born infant of Henry Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eldersburg</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>23</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>		<u>same</u>		
Occupation <u>none</u>	Where Residing if not at place of death		<u>same</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Henry Bowman</u>	Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Jeanne Broddus</u>	Mother's Birthplace <u>md</u>					
Name of person giving information <u>Henry Bowman</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

S
How long —

How long —

PHYSICIAN
OR CORONER

Primary Still born

Immediate —

Are the name, age, sex, color, date and place correctly given above?

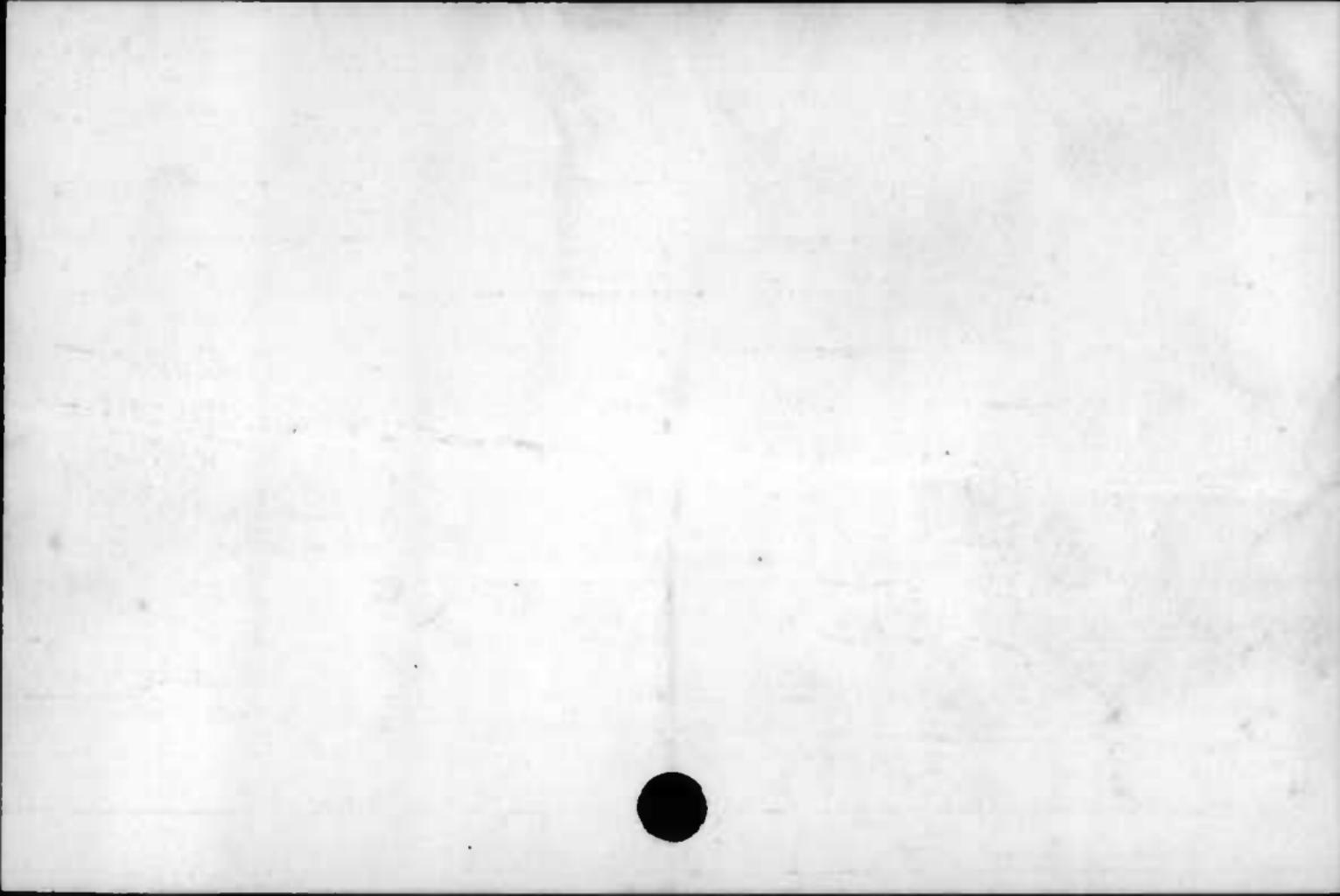
yes

Signature of Physician

Address

M. Morris
Eldersburg
md.

Accident or Suicide? No



Name
in
Full

Sidney A boats

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Tadwaytown</u> <u>West</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>22</u>	Age <u>52</u>	Years	Months <u>9</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Bed 60 Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Wife Husband <u>Albert boats</u>					
Father's Name	Unknown					
Mother's Maiden Name <u>Urtia Hayes</u>	Father's Birthplace <u>Unknown</u>					
Name of person giving information <u>Mrs Bivens</u>	Mother's Birthplace <u>Unknown</u>					
How related to deceased <u>Son</u>						

CAUSES OF DEATH

Primary

apoplexy

64

How long

Immediate

"

Sudden

How long

Are the name, age, sex, color, date and place correctly given above?

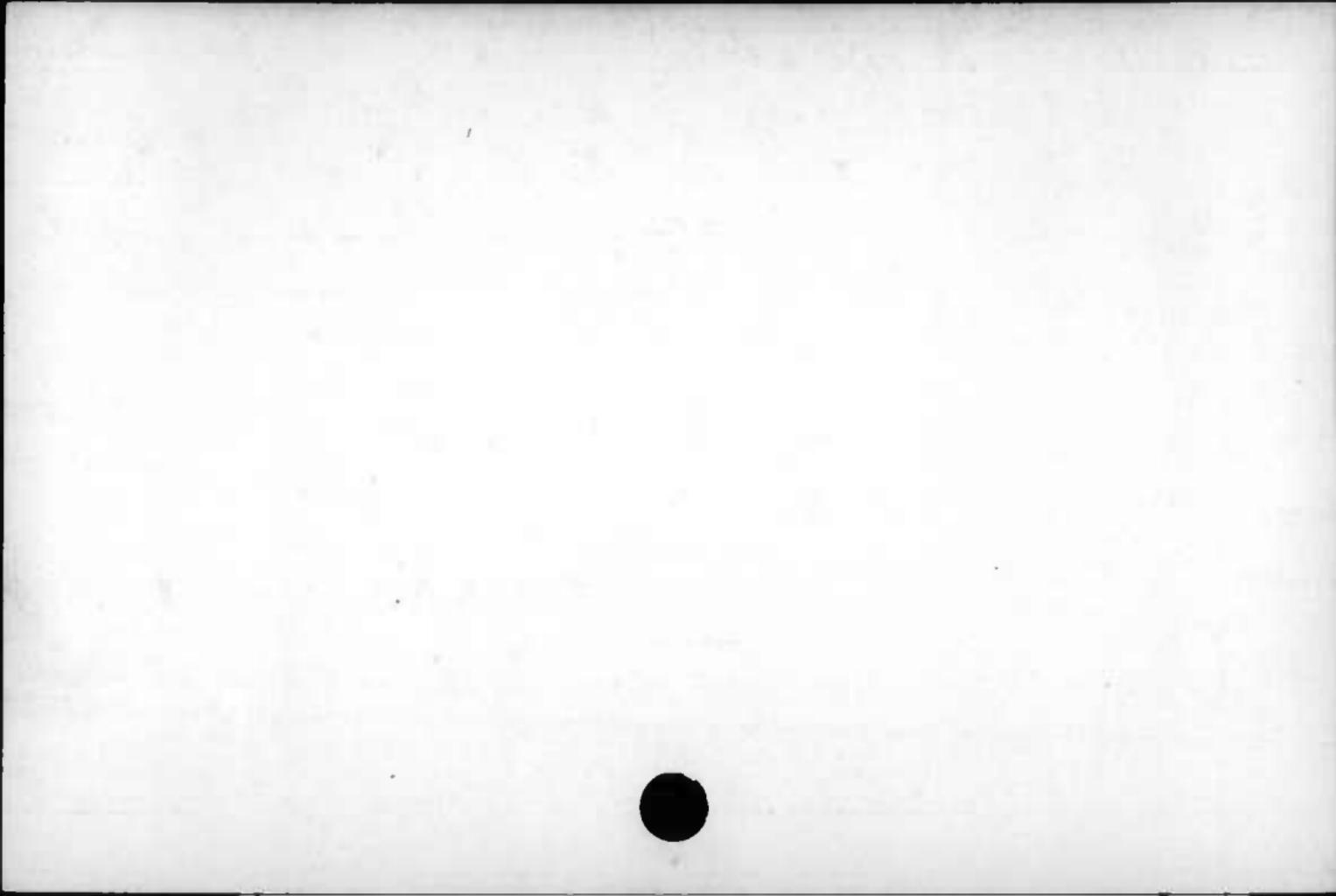
yes

Signature of Physician

Address

Albert boats
Youngman
Ind.

Accident or Suicide?



Name
in
Full

Henry Conway

CERTIFICATE OF DEATH

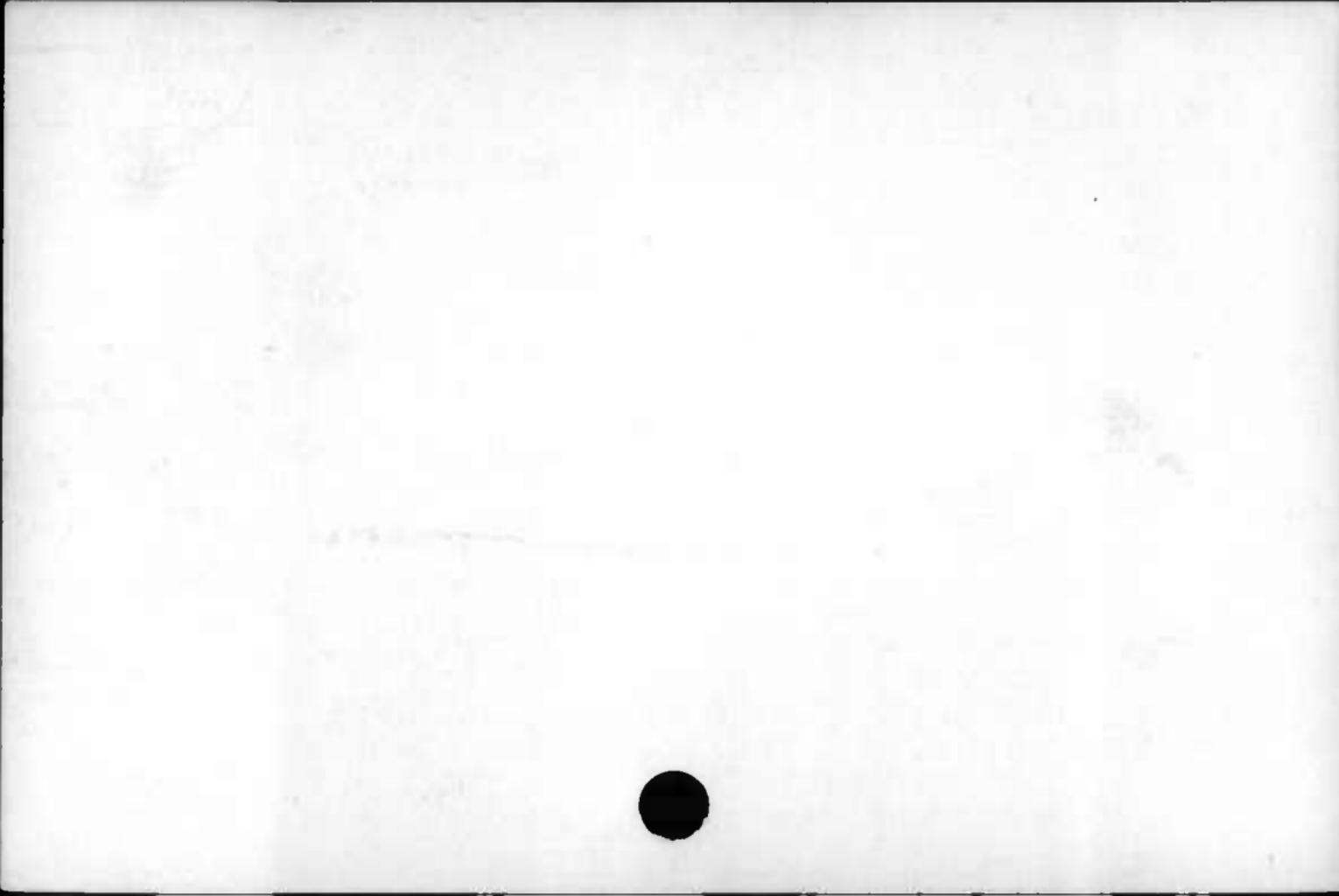
To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		Town	Carroll		County	MARYLAND	
Date of death 1908	Month May	Day 30 th	Age 35	Years	Months	Days	
Sex Male	Color or Race White			Birth-place Md			
Occupation Lawyer				Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Unknown			Father's Birthplace Indiana			
Father's Name Daniel Conway				Mother's Birthplace " "			
Mother's Maiden Name Mary McVeigh				How related to deceased			
Name of person giving Information Hospital records				68			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic dementia		How long about 3 $\frac{1}{2}$ yrs
Immediate	Exhaustion		How long progressive
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Lehas J. Early
		Address	Sykesville Md.
Accident or Suicide?	No		



Name
in
Full

Ellen Conyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month May	Day 22 nd	Years 60	Months	Days
Sex	Female	Color or Race	White	Birth-place Md.		
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	William Conyer			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving information	Hospital Records.					How related to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Senile Dementia
How long over 3 years

Immediate Cerebral Effusion with exhaustion
How long ?

Are the name, age, sex, color, date and place correctly given above?

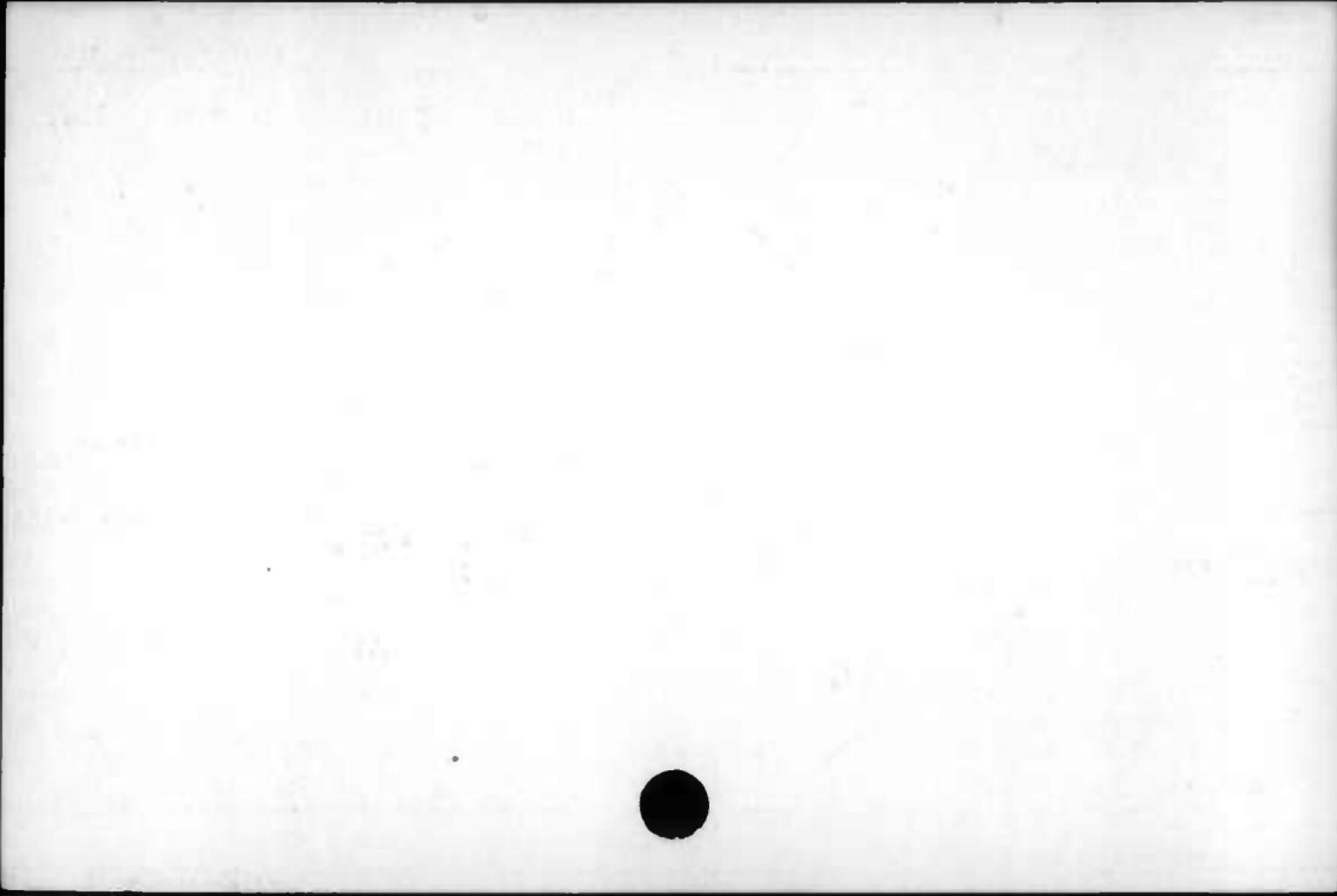
Yes

Signature of Physician

Address

John Norfolk Morris M. D.
Springfield State Hospital
Lykensville, Carroll Co. Md.

Accident or Suicide? —



Name
in
Full

Elarence Dell

3-53

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Carroll</u>	MARYLAND
Date of death <u>1908</u>	Month <u>May</u>	Day <u>10</u>	Years Months Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Ernest. B. Dell</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary. Amelia Sies</u>	Mother's Birthplace <u>Maryland.</u>		
Name of person giving information <u>Ernest. B. Dell</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

150

How long

How long

PHYSICIAN
OR CORONER

Primary

Congenital heart disease.

Immediate

Asphyxia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry M. Sibley
Westminster Md

Accident or Suicide?

Slonér
Westminster
Cemetery

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Andrew. J. Eckard

Died at TaneytownCounty Carroll

MARYLAND

Date of death 1908 Month May Day 7 Age 75 Years 75 Months 3 Days 12
Sex Male Color or Race White Birth-place IndOccupation Retired Hunter Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

John Eckard

Father's Birthplace

Ind

Mother's Maiden Name

Leonia Bell

Mother's Birthplace

IndName of person giving
InformationAlice S. FriesHow related
to deceasedSlaughter

CAUSES OF DEATH

Primary

old age & Grippe

⑩

How long

3 weeks

Immediate

Exhaustion

How long

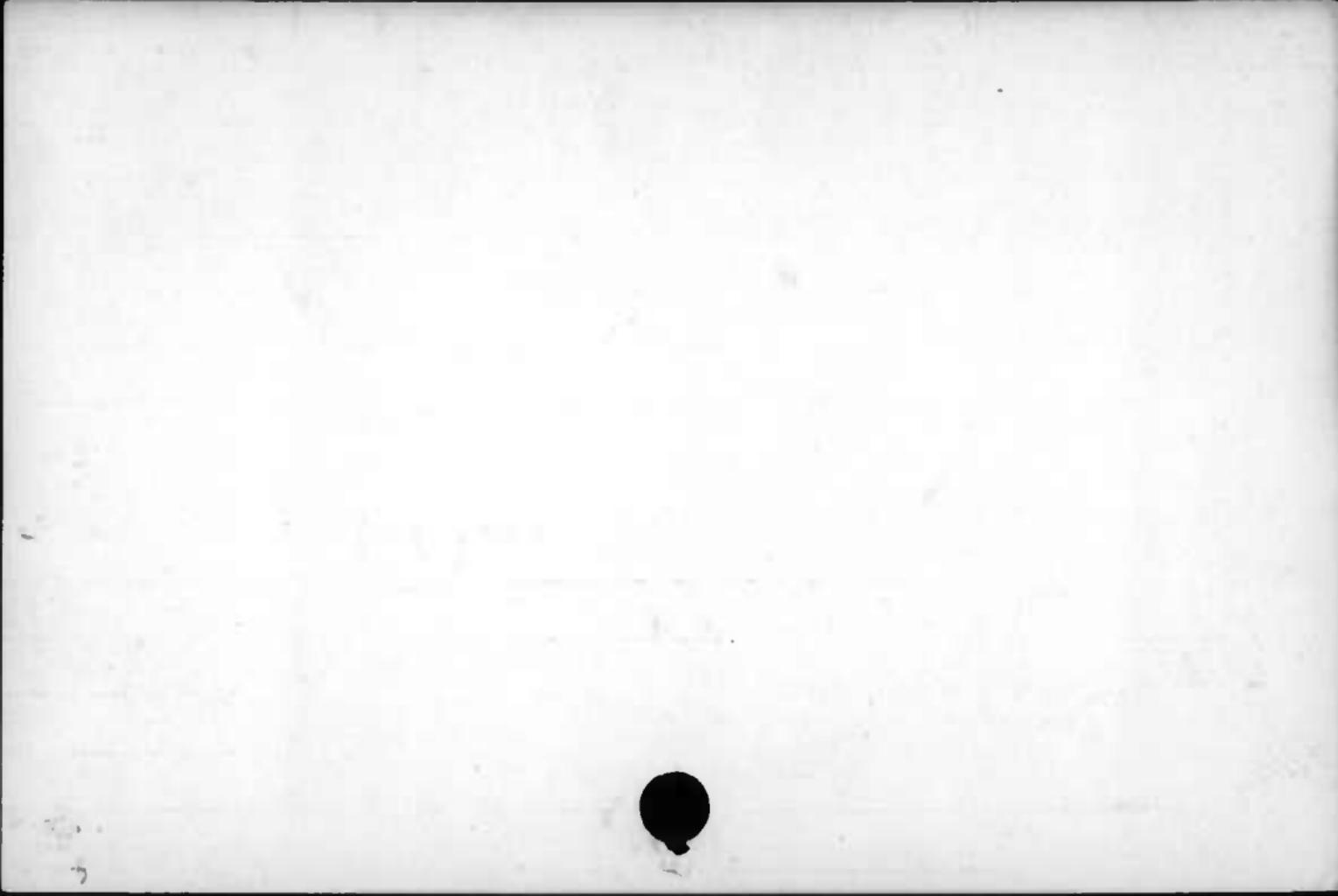
3 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. H. Fries.
Taneytown, Md.

Accident or Suicide?

No



Alma May Egan

Town

County

Died at Union Bridge

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1908	5	5	0	5	5	Md	none
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband of _____

Wife

Father's
Name

E. J. Egan

Mother's
Name

Alma May Hollander

Cause of Death

Primary

Acute Bronchitis

How long sick

4 weeks

Death

Immediate

Suffocation

(90)

Accident, Suicide, Homicide

Reported by

J. H. Legg, M.D.

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birthplace - Penna.

Mother's birthplace - Hagerstown Md.

Francis W. Gornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Woodbine</u> Town		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>5</u>	Day <u>15</u>	Age <u>67</u>	Years <u>67</u>	Months <u>2</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co. Md.</u>				
Occupation <u>Farming</u>	Where Residing if not at place of death <u>Woodbine - Md.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary E. Gornell</u>					
Father's Name <u>Aaron Gornell (deceased)</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving Information <u>Howard Gornell</u>	How related to deceased <u>Son.</u>					

CAUSES OF DEATH

27

Primary	<u>Tuberculous Enteritis</u>	<u>long</u>	<u>3 yrs.</u>
Immediate	<u>"</u>	<u>acute</u>	<u>4 mo</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E D Creek
Winfield Carroll
C.

Address

Accident or Suicide?

Morgan Chapel

Name
in
Full

Lucinda Cathrin Haifley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

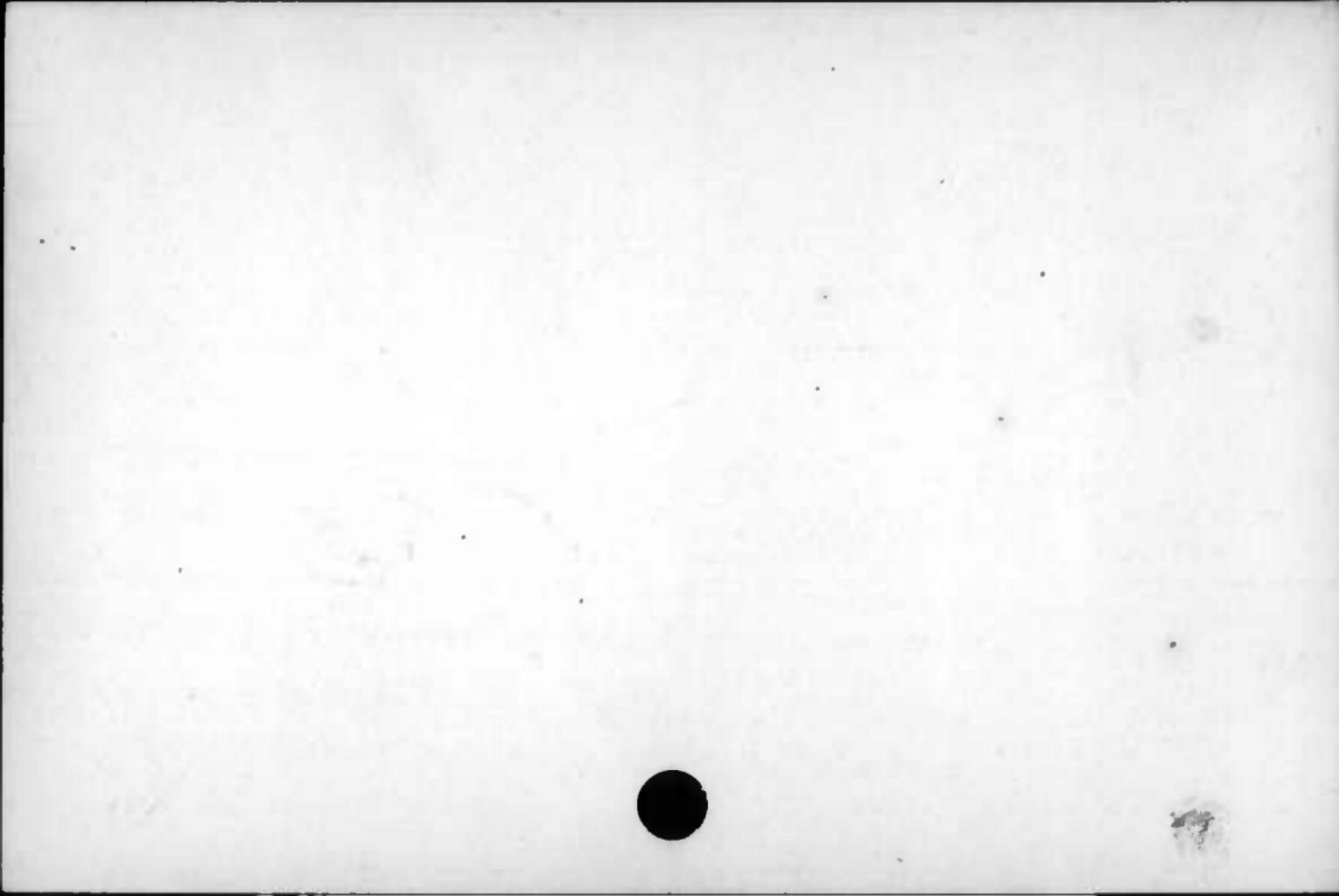
Died at	Town	County	MARYLAND		
Died at	Prizzellburg	Carroll			
Date of death	Month	Day	Years	Months	Days
1908	May	11	65	6	2
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death	Prizzellburg	
Married, Single or Widowed	Married	Name of Wife or Husband	Ephram Haifley	Father's Birthplace	Maryland
Father's Name	David Routier			Mother's Birthplace	Maryland
Mother's Maiden Name	Susan Little			How related	Son
Name of person giving information	John J. Haifley				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis Chronic interstitial - 6 mos -	
Immediate	Exhaustion 48 hrs	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	Chas. R. Scott Westminister Md	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harris. Premature Infant

CERTIFICATE OF DEATH

MARYLAND

Died at Westminster		County Carroll			
Date of death 1908	Month May	Day 17	Age 0	Years 0	Months 0
Sex Male	Color or Race white	Birth-place Md.			
Occupation none		Where Residing if not at place of death			
Married, Single or Widowed single	Name of Wife or Husband no				
Father's Name Charles Harris			Father's Birthplace Md.		
Mother's Maiden Name Edna Huff			Mother's Birthplace Md.		
Name of person giving Information Mrs Edward Huff			How related to deceased Grandmother		

CAUSES OF DEATH

151

How long

3 $\frac{1}{2}$ hours

How long

Primary

Prematurity

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

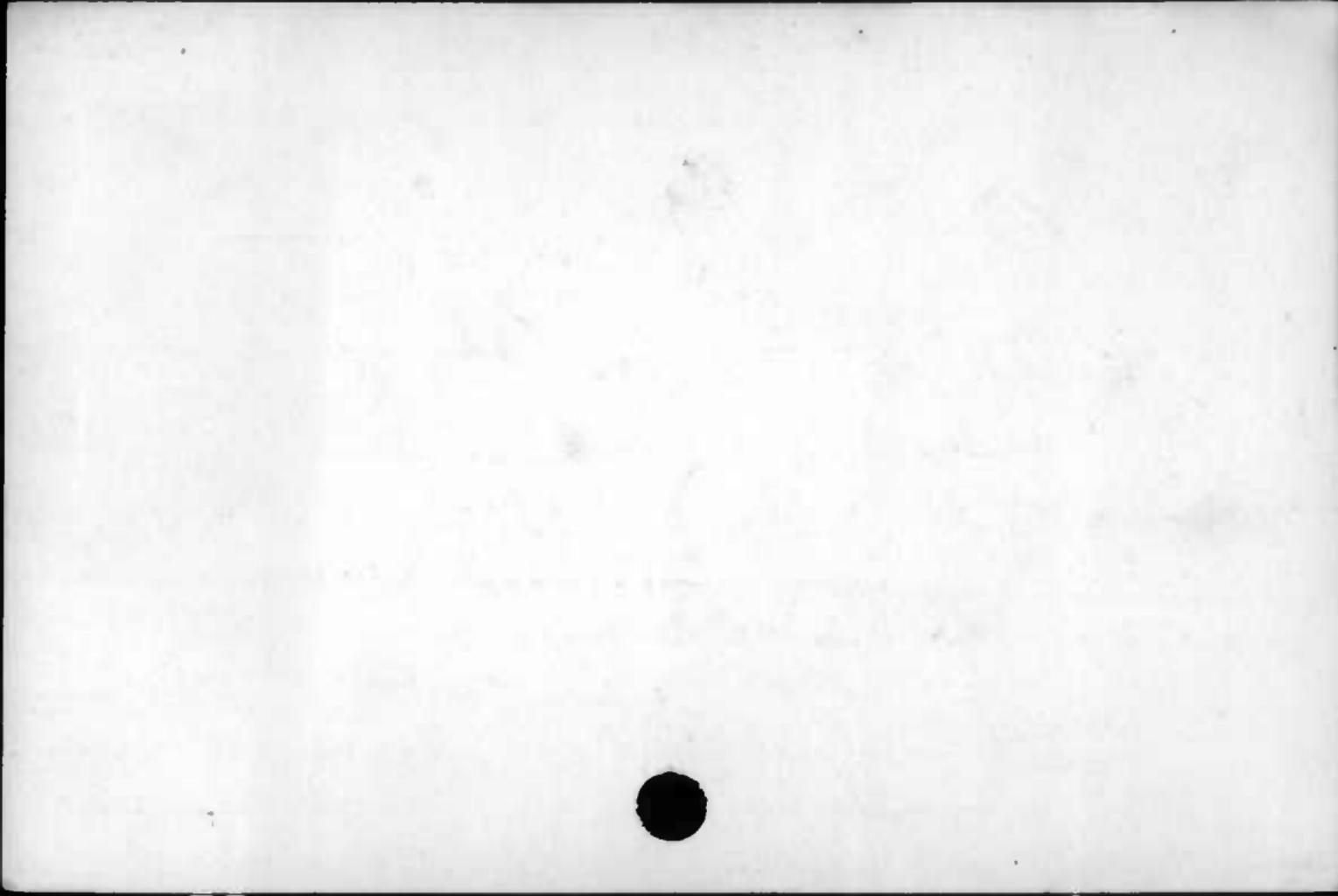
yes

Signature of Physician

Address

Chas. R. Foutz.
Westminster
Md.

Accident or Suicide?



Ella Susanna Hoffacker

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	May	18	26	6	25	
Sex	Color or Race		Birth-place			
Female	White		Greenmount.			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Harry B. Hoffacker.			
Married	Harry B. Hoffacker.					
Father's Name	Benjamin F. Bosley		Father's Birthplace	Greenmount.		
Mother's Maiden Name	Mary A. Morelock		Mother's Birthplace	Uniontown.		
Name of person giving information	Harry B. Hoffacker.		How related to deceased	Husband.		

CAUSES OF DEATH

94

Primary

Chronic Pleurosy

How long

2 or months

Immediate

Exhaustion + Heart Failure, one hour

How long

Are the name, age, sex, color, date and place correctly given above?

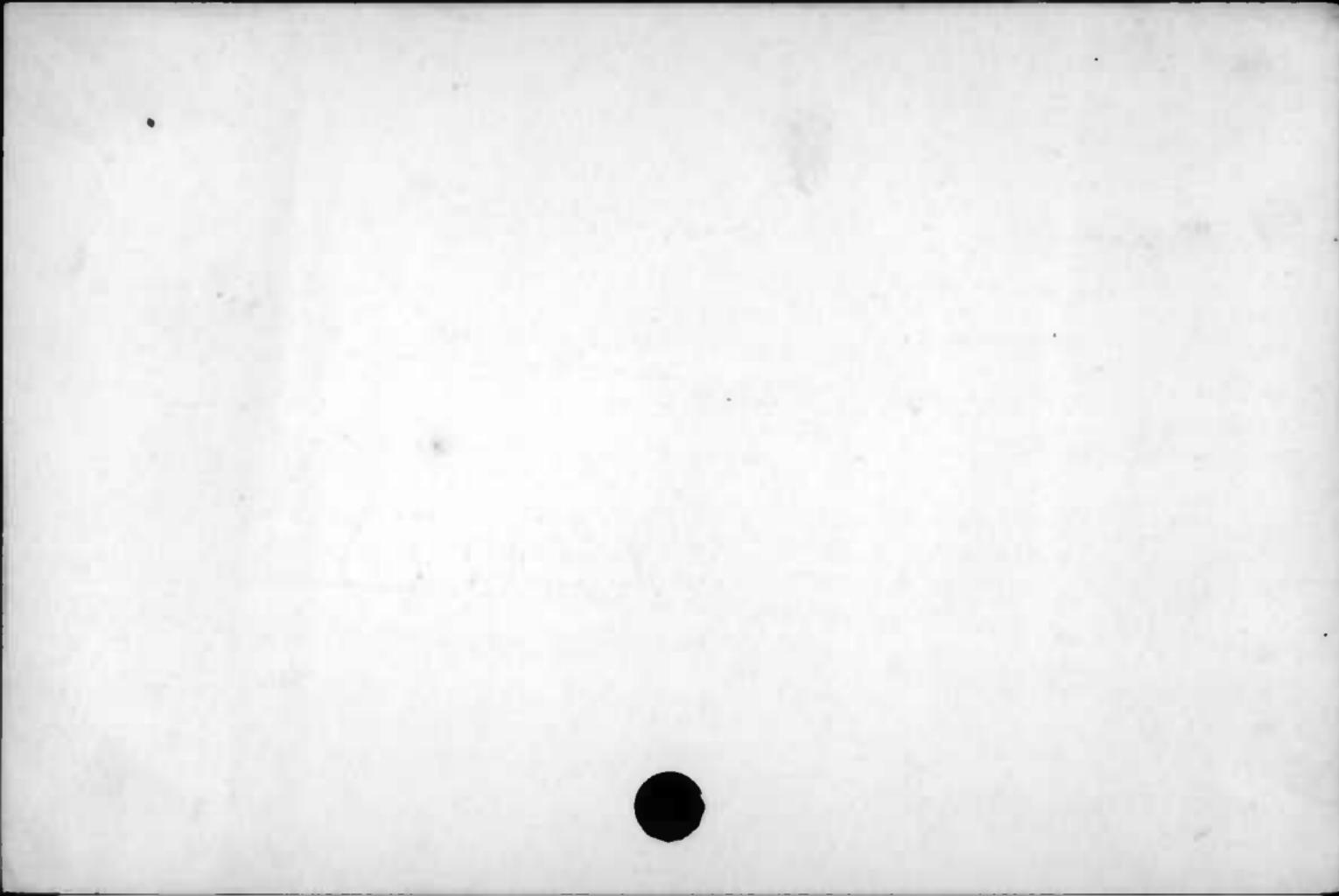
Father

Signature of Physician

Address

John Preston and
Neuquenes 200
M.D.

Accident or Suicide?



Name
in
Full

Susan Thompson Hurn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at <u>Sams Creek.</u>		Town <u>Town</u> County <u>Carroll.</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>9</u>	Years <u>61</u>	Months <u>8</u>	Days <u>29</u>	
Sex <u>Female</u>	Color or Race <u>White.</u>	Birth-place <u>Maryland.</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Sams Creek.</u>					
Married, Single or Widowed <u>Widow.</u>	Name of Wife or Husband <u>Wesley J. Hurn.</u>	Father's Birthplace <u>Maryland.</u>				
Father's Name <u>L Dennis Shipley.</u>	Mother's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Elizabeth Edwards.</u>	Name of person giving information <u>John Baker</u>			How related to deceased <u>son in law.</u>		

CAUSES OF DEATH

64

How long

How long

2 1/2 hours

64 Hurn

New Windsor
Md

Primary

Immediate

Apoplexy

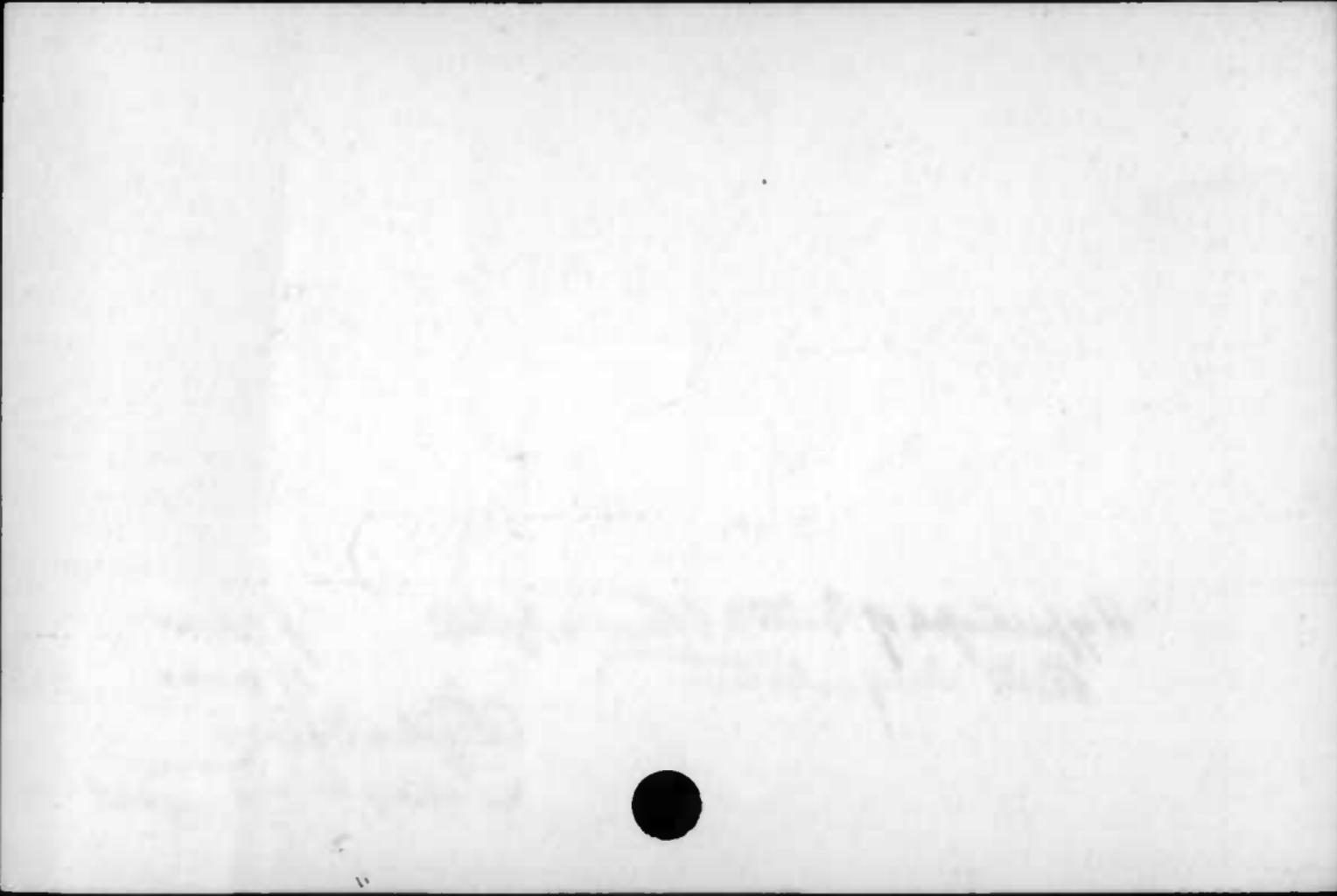
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

Accident or Suicide?



Name
in
Full

Jacob H. Koors

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tarreytown</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>3</u>	Age <u>73</u>	Years	Months <u>7</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Ned</u>		
Occupation <u>Merchant</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Phoebe Koors</u>					
Father's Name <u>Henry Koors</u>				Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Eliza Fuss</u>				Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Harry Koors</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary <u>Hypertrophy of Prostate & Chronic cystitis</u>	How long <u>7 years</u>
Immediate <u>Anti-Infection</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Charles D. Rorop
Tarrytown, N.Y.



Name
in
Full

Samuel Franklin Lansdale

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Deceased Francis Victoria Johnson			
Father's Name	Hos Lansdale		Father's Birthplace	Ohio	
Mother's Maiden Name	Harriet Franklin		Mother's Birthplace	Md	
Name of person giving information	Harriet F Lansdale		How related to deceased	Daughter	

CAUSES OF DEATH

79

How long

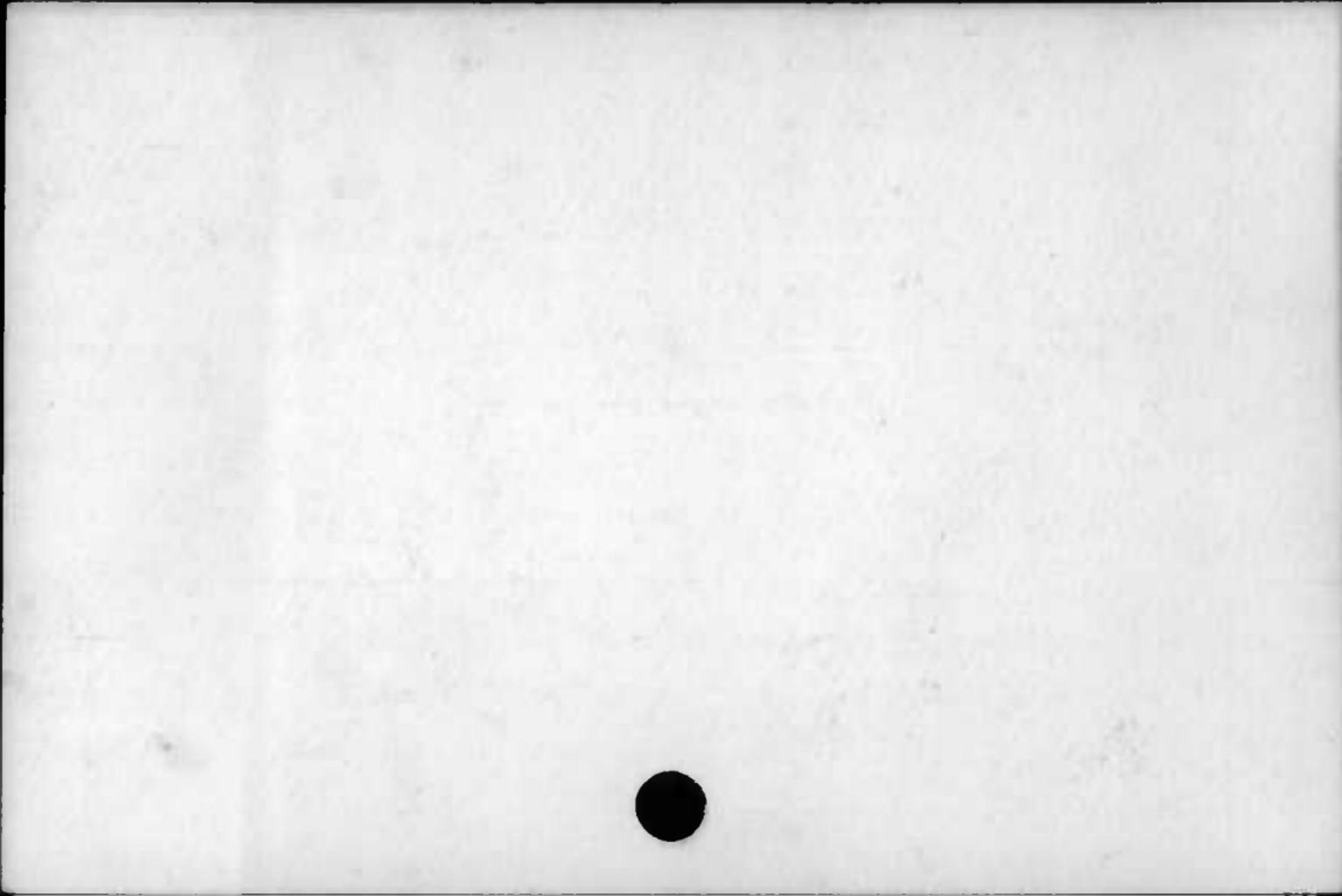
About 1 day

How long

About 14 hours.

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	
Immediate	Effects of same	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address
Accident or Suicide?	C. H. H. sugar Sylmarville, Md	



Rachel Ann Menchy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
6th district			Carroll			
Date of death	Month	Day	Years	Age	Months	Days
1908	5	14	65	65	1	14
Sex	Color or Race				Pennsylvania	
female	white					
Occupation	Where Residing If not at place of death					
None (Farmer, wife)						
Married, Single or Widowed	Name of Husband	Name of Husband		William Menchy		
Married						
Father's Name	Jacob Baum		Father's Birthplace			unknown
Mother's Maiden Name	Sarah Wine		Mother's Birthplace			unknown
Name of person giving Information	Mrs Menchy		How related to deceased			husband
CAUSES OF DEATH						
Primary	79					
Organic disease of heart.						
Immediate	10 weeks under observation					
oedema of lungs.						
1 week.						

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

yes

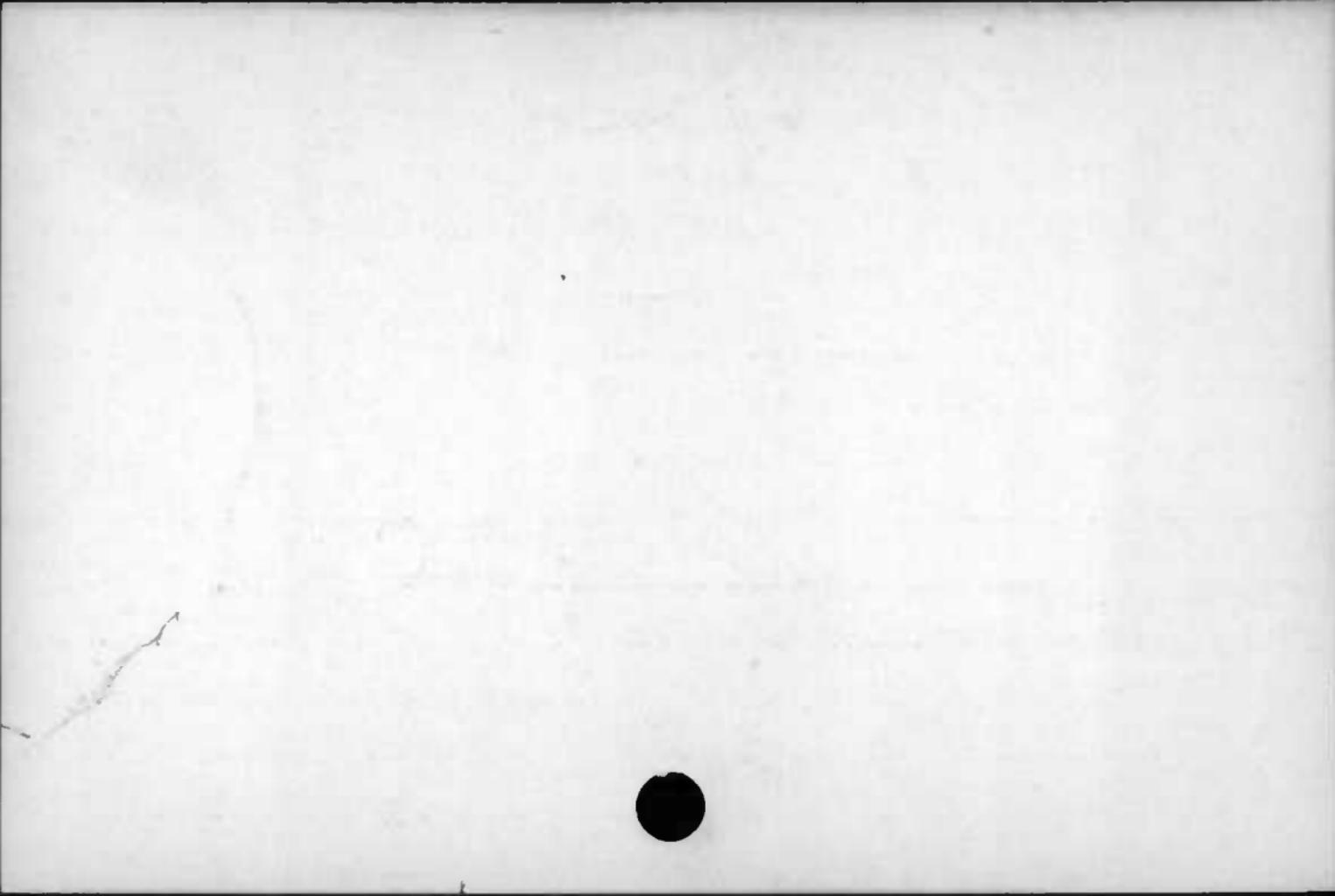
Signature of
Physician

Address

John S. Ziegler, M.D.
Melrose
Md

Accident or Suicide?

no.



Elizabeth Moore

Town

County

Died at Union Bridge &

Carroll

MARYLAND

1908

Month

Day

Y.

M.

D.

Native of

Md

Date 189

5 7

Age

6

Occupation

House

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Willard Moore

93

Emma Moore

How long sick

Cause of

Primary

Post pneumonic & Passive congestion 4 weeks

Death

Immediate

General asthma

Accident, Suicide, Homicide

Reported by

Dr. J. H. Egg-

(W)

Address

Union Bridge

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birthplace - Connecticut

Mother's birth place - Union Bridge, Md.,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

1908

May

28

Age

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John

Father's
Birthplace

Mother's
Maiden Name

Rosa Steffler

Mother's
Birthplace

Name of person giving
information

John W. Ohrn

How related
to deceased

Primary

CAUSES OF DEATH

151

Premature Birth

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

js

Signature of
Physician

Address

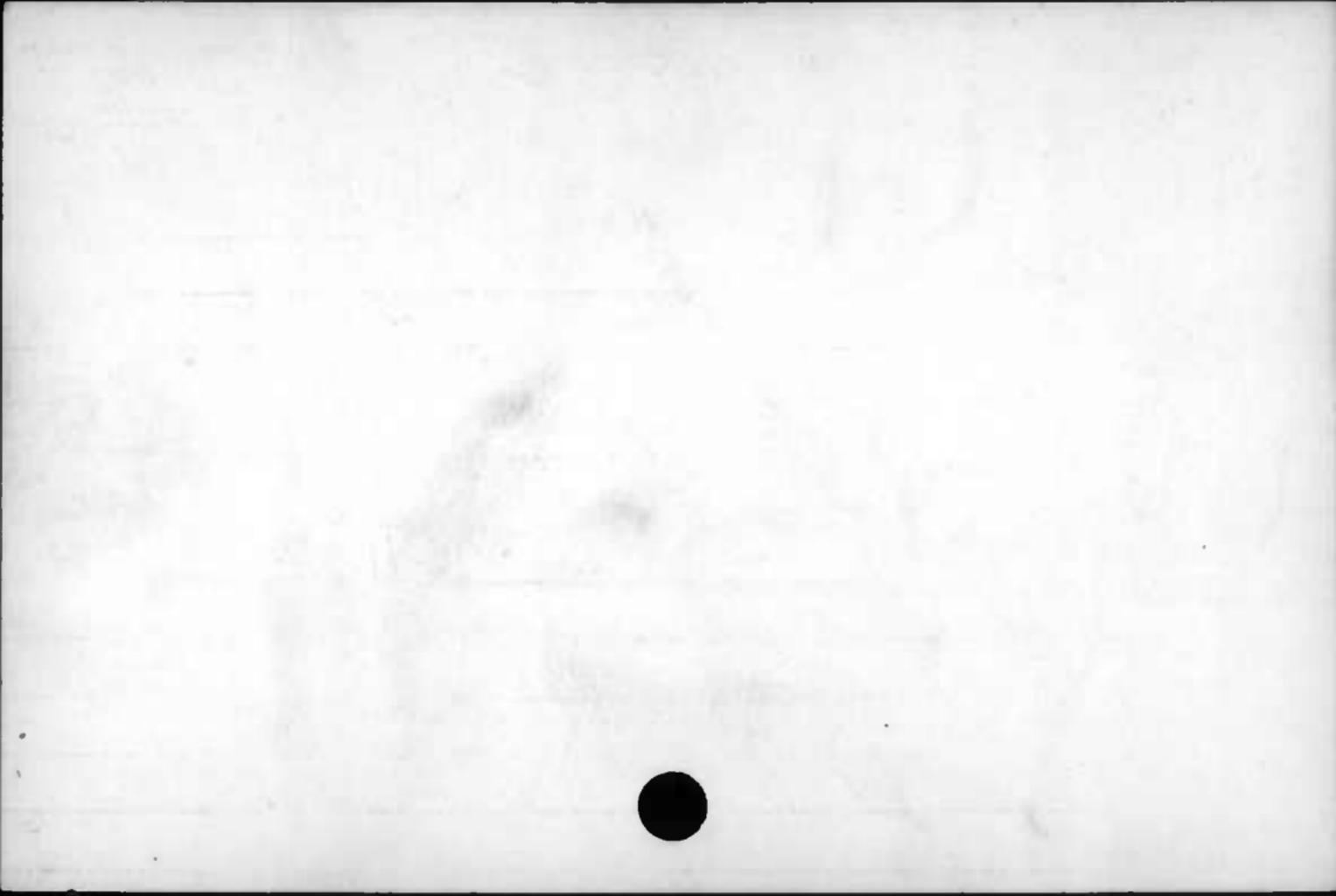
John W. Ohrn

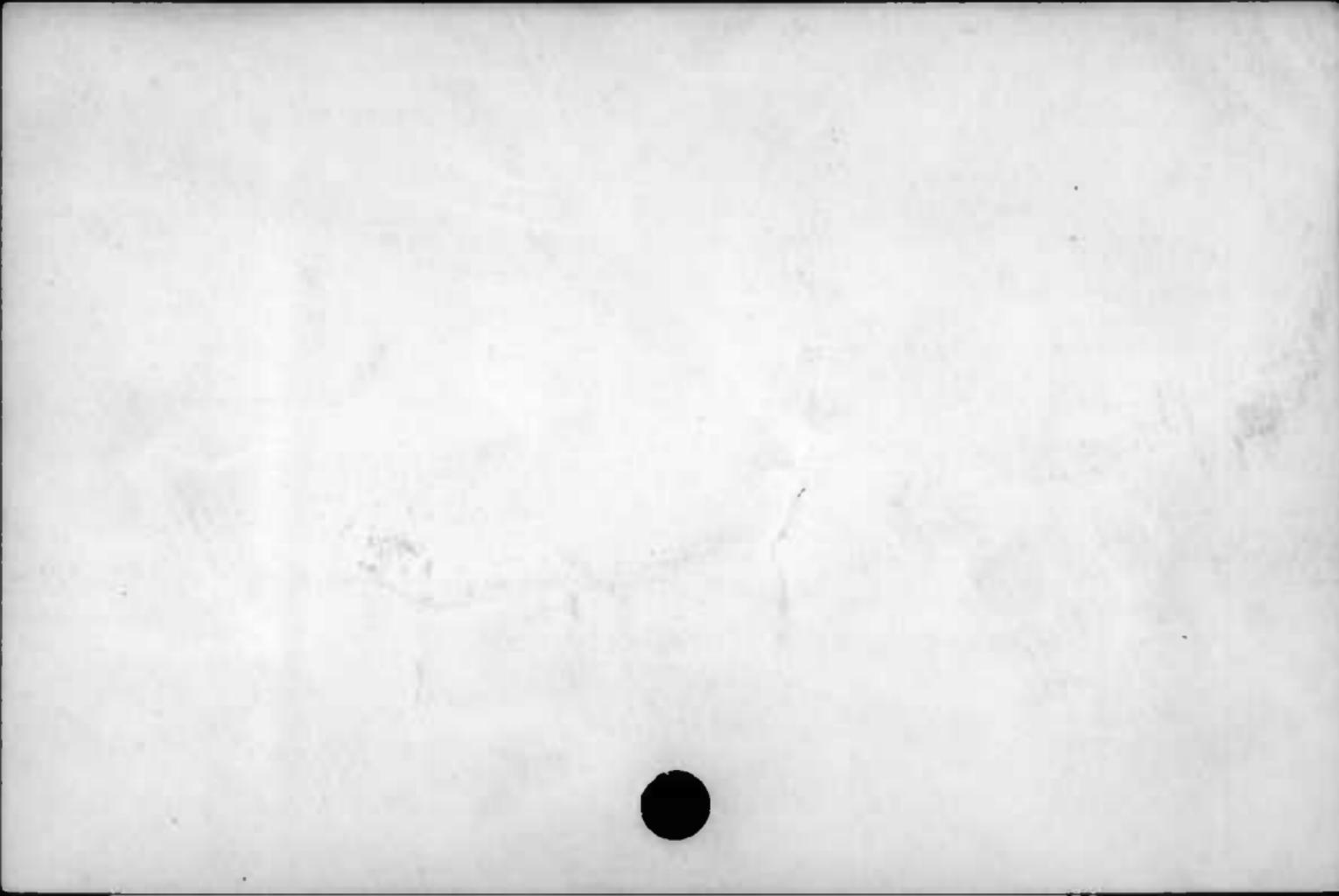
Accident or Suicide?

St. John's Cemetery Adams Co.
Pa

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Not named - Sacks			MARYLAND		
Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1908 May 3rd</u>	Month <u>May</u>	Day <u>3rd</u>	Years <u>—</u>	Months <u>—</u>	Days <u>4th</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Louis Sacks</u>	Father's Birthplace <u>Russia</u>				
Mother's Maiden Name <u>Rosa Wolf.</u>	Mother's Birthplace <u>New York</u>				
Name of person giving information <u>Louis Sacks</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary <u>Convulsions</u>	71				
Immediate <u>Exhaustion</u>	How long <u>8 hours</u>				
How long <u>3 hours</u>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
<u>yes</u>		<u>Chas. R. Foutz,</u>		<u>Westminster</u>	
Accident or Suicide?				<u>Md.</u>	





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hannah Hood Shipley

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	May	8	89.	6	19
Sex	Color or Race	Birth-place			
Female	White	Maryland			
Occupation	Where Residing if not at place of death				
Domestic help.	New Windsor				
Married, Single or Widowed	Name of Wife or Husband				
Single	Doris Shipley.				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Maryland				
Name of person giving information	Mother's Birthplace				
Winfield Drach	How related to deceased				
CAUSES OF DEATH			10	How long	

Primary

Influenza

Immediate

Cerebral and pulmonary congestion

How long

Are the name, age, sex, color, date and place correctly given above?

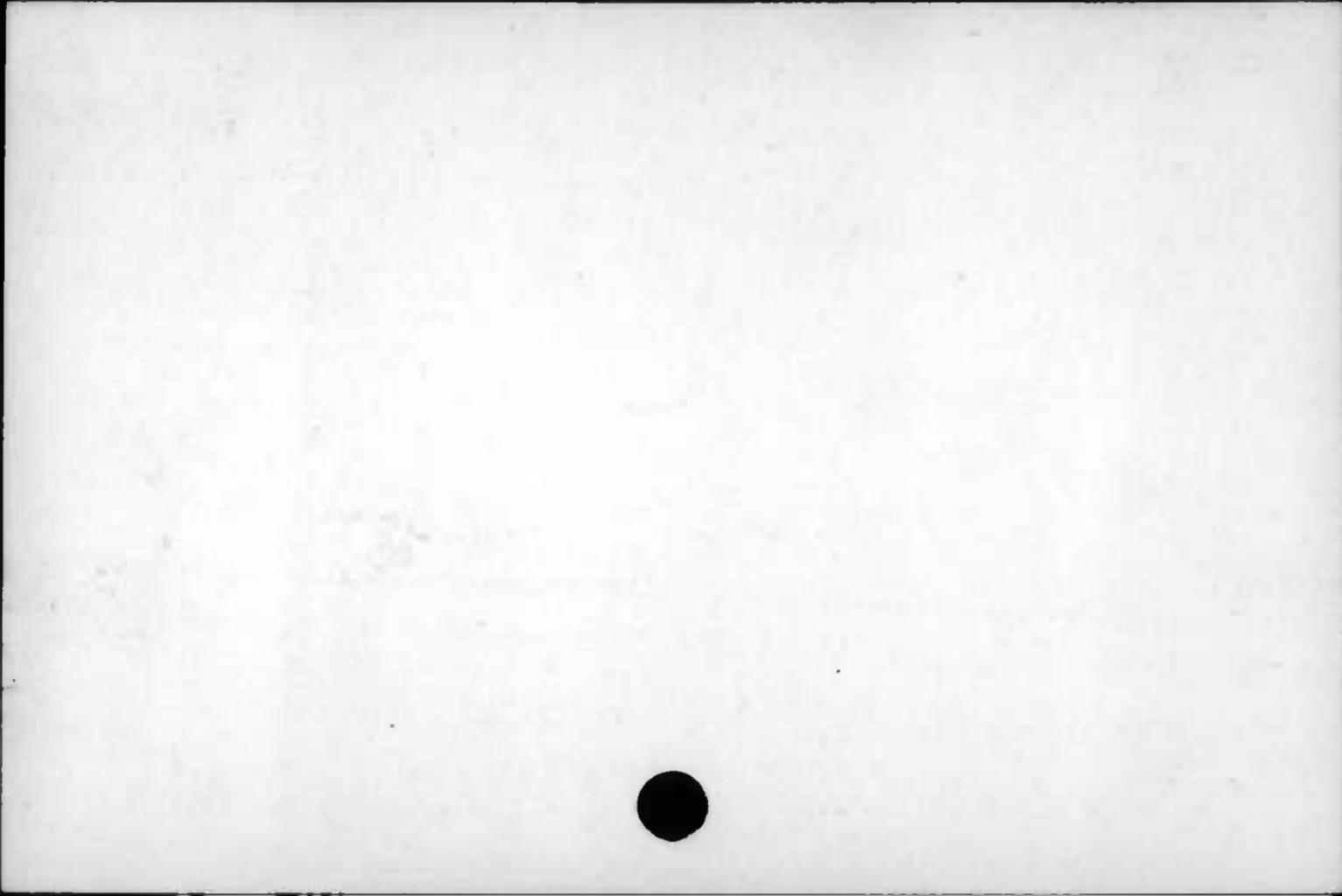
Signature of Physician

~~John~~ G.H. Brown M.D.

Address

New Windsor
Md

Accident or Suicide?



Name
in
Full

Grinnan William Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Bloom		Town		County Carroll		MARYLAND	
Date of death 1908	Month 5	Day 30	Age 2	Years 2	Months 3	Days 19	
Sex Male	Color or Race white	Birth- place Carroll Co., Md.					
Occupation —	Where Residing if not at place of death Bloom, Md.						
Married, Single or Widowed Single	Name of Wife or Husband —						
Father's Name William Smith	Father's Birthplace Carroll Co., Md.						
Mother's Maiden Name Carrie B. Wagner	Mother's Birthplace " " "						
Name of person giving Information Carrie B. Wagner	How related to deceased Mother						

CAUSES OF DEATH

104

How long

2 days

3 hrs.

E W C rank
Winfield Carroll,
Md.

Primary

Acute Indigestion

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?

Salem

Name
in
Full

Levi N. Snader

357

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	Town	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	80	2	22
Occupation	Retired Merchant			Where Residing if not at place of death	—	
Married, Single or Widowed	Widower	Name of Wife or Husband	Lucetria Snader			
Father's Name	Jacob Snader			Father's Birthplace	Maryland	
Mother's Maiden Name	Maria Vaill			Mother's Birthplace	doo	
Name of person giving information	R. N. Snader			How related to deceased	Son	

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary

Stroke

Month

Immediate

"yr"

How long

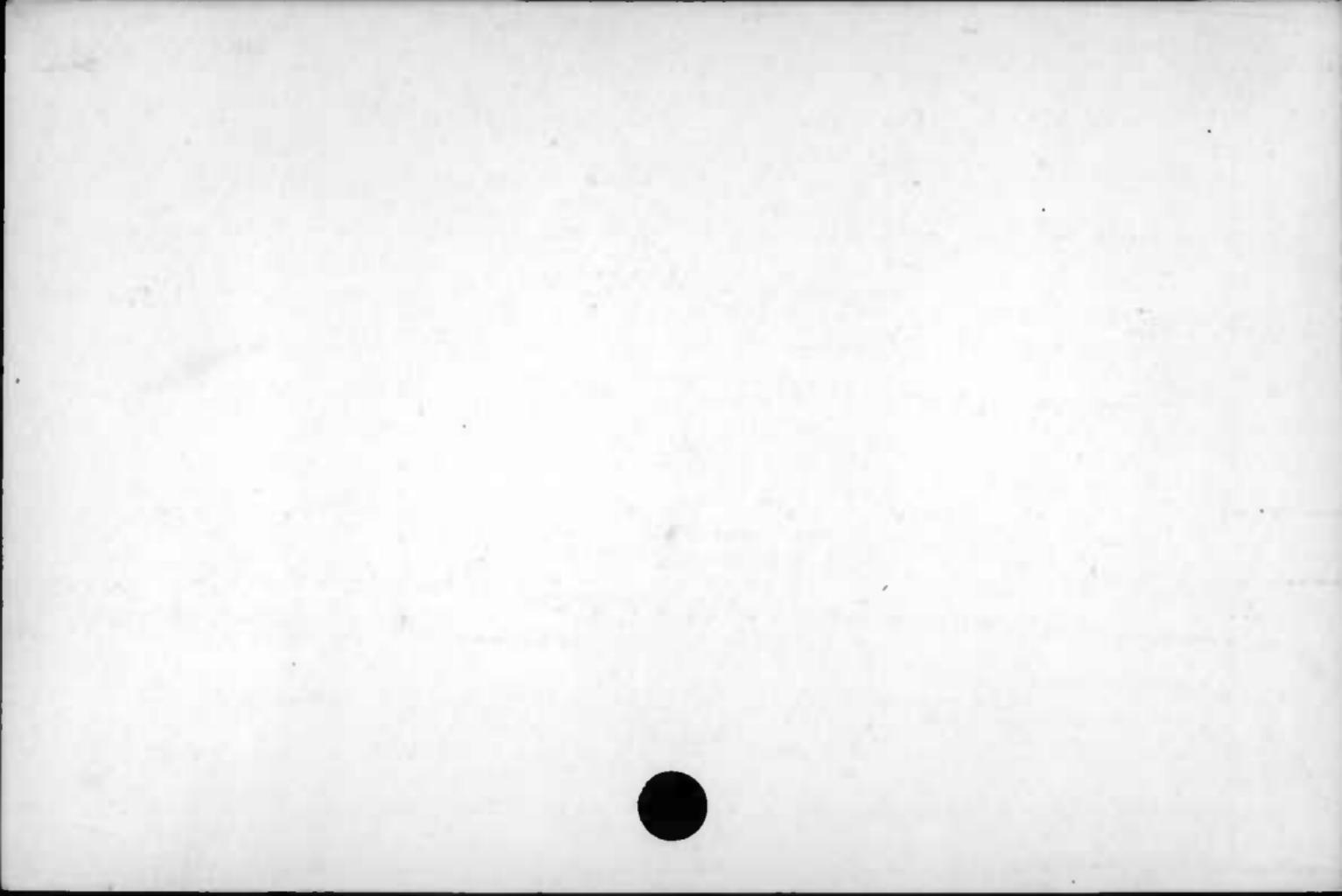
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

McBott
was buried at

Accident or Suicide?



Name
in
Full

George Russell

356
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	
Died at	Westminster	Carroll	MARYLAND
Date of death	Month	Day	Years
1907	May	13	Age
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband	
Father's Name	George	Mother's Birthplace	Maryland
Mother's Maiden Name	Ada	Mother's Birthplace	Maryland
Name of person giving information	George	How related to deceased	Brother

CAUSES OF DEATH

71

How long

2 days

How long

Immediate

Stomach

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Billingsler M.D.
Westminster Md

Accident or Suicide?

no

St. Benjamin's Cemetery
(Stonew.)

Name
in
Full

Catherine Stonessifer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month May	Day 10	Age 70	Years	Months 4 Days 18
Sex Female	Color or Race White	Birth-place			
Occupation House wife	Where Residing if not at place of death Pleasant Valley				
Married, Single or Widowed Married	Name of Wife or Husband Joseph Stonessifer				
Father's Name Isaac Stonessifer	Father's Birthplace Carroll Co				
Mother's Maiden Name Mary Broome	Mother's Birthplace Carroll Co				
Name of person giving information Husband	How related to deceased Husband				

CAUSES OF DEATH

77

How long

4 weeks

How long

PHYSICIAN
OR CORONER

Primary

Pericarditis

Immediate

Heart Failure
yes

Signature of
Physician

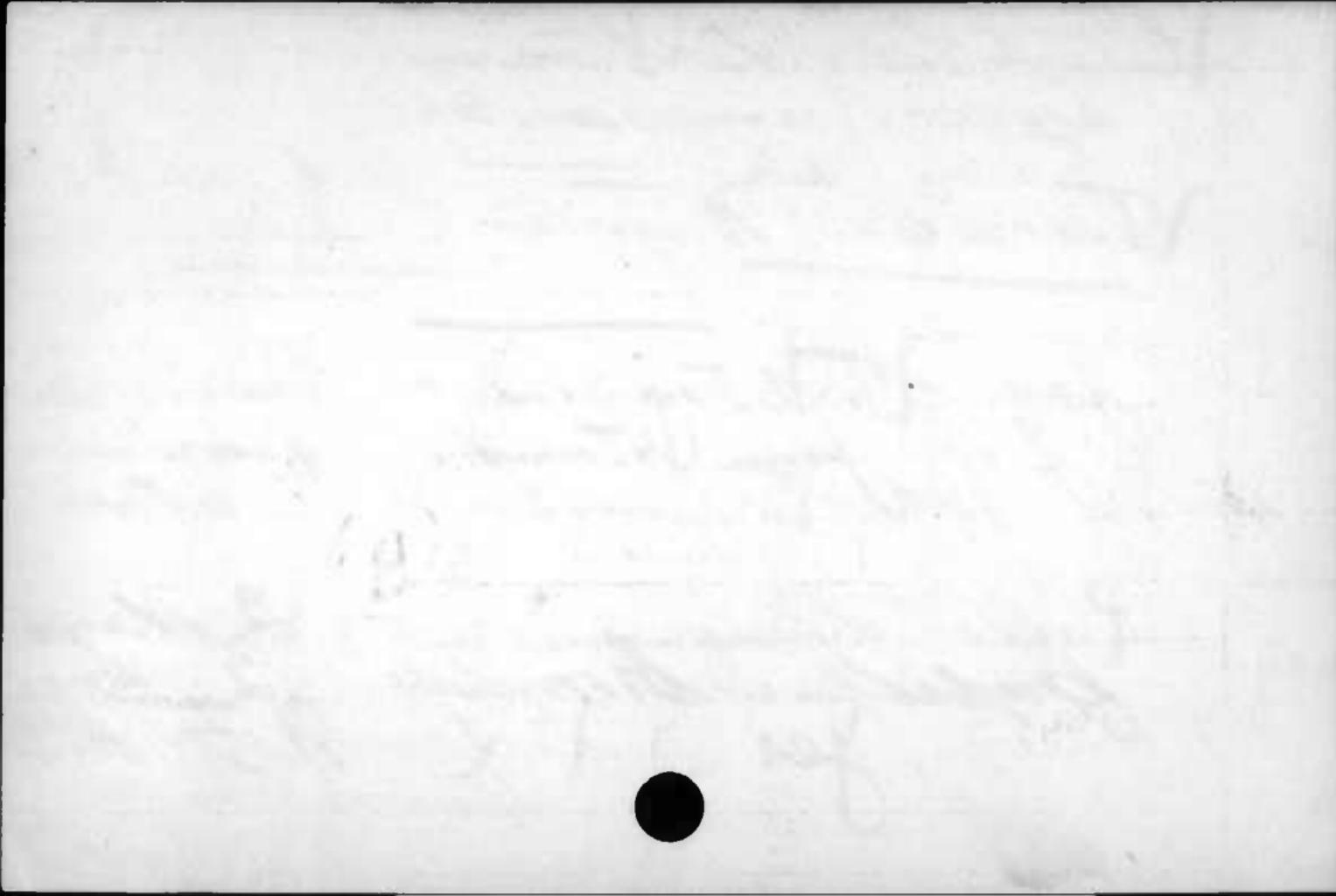
Address

J J Stewart

Westminster

Ind

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>Sarah Advestad Stonesifer</h1>				CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	May	22	Age	1	2
Sex	Color or Race	Birth-place			
Female	White	Deep River			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John D. Stonesifer				
Mother's Maiden Name	Eileen Jane Stonesifer				
Name of person giving information	John D. Stonesifer				
CAUSES OF DEATH					
Primary	Ruptured Gangrenous ^{2 days} tumor of the stomach				
Immediate	Gastric Gangrene ^{2 days}				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician G. Lewis Wetzel, M.D. Address Union Mills Ind.				
Accident or Suicide?					



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bessie Grilchard Tolbert

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month May	Day 15	Age 4	Years	Months	Days 23
Sex	Female	Color or Race	Black	Birth-place	md.		
Occupation	none	Where Residing if not at place of death			same		
Married, Single or Widowed	-	Name of Wife or Husband	-				
Father's Name	John Tolbert			Father's Birthplace	md		
Mother's Maiden Name	Florence Bond			Mother's Birthplace	md		
Name of person giving information	John Tolbert			How related to deceased	uncle		

CAUSES OF DEATH

61

How long

5 weeks

How long

Primary

Acro-sinal meningitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

MD Morris

Eldersburg

md

Accident or Suicide?

no

Bessie Gretchen Jollett

Born April 22 1904

Died May 15 1908

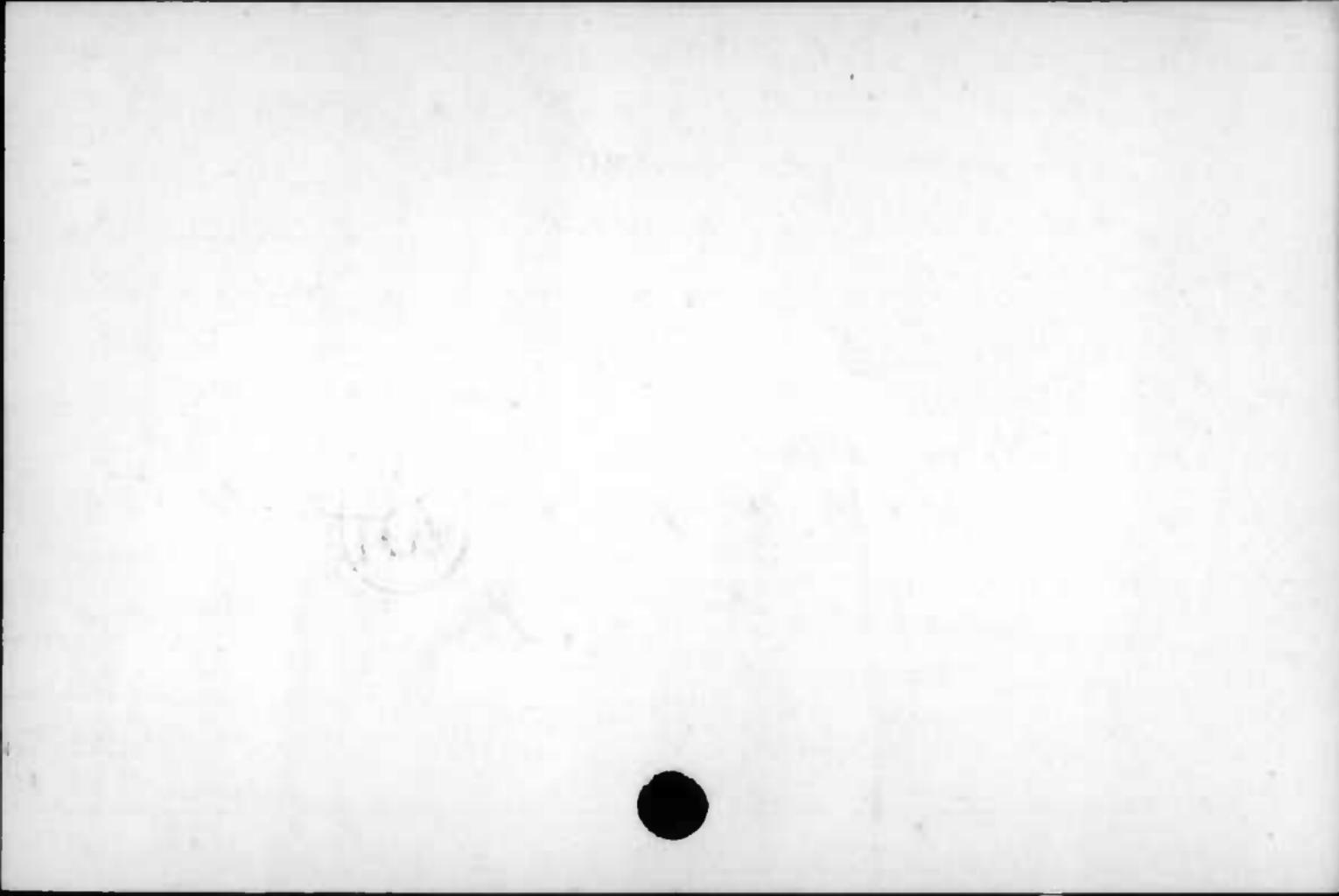
She was the second

Daughter of Clara & Jollett

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Still Born Trechslar</i>				40355	CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Birth-place	Md		
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	<i>Charles Edward Trechslar</i>					
Mother's Maiden Name	<i>Anna Mary Close</i>					
Name of person giving Information	<i>Anna Mary Close</i>					
CAUSES OF DEATH						
Primary	<i>Premature Labor</i>					How long
Immediate	<i>~</i>					How long
Are the name, age, sex, color, date and place correctly given above?			<i>yes</i>			
Signature of Physician			<i>Chas. R. Dauchy</i>			
Address			<i>Wesminster Md.</i>			
PHYSICIAN OR CORONER	Accident or Suicide?					



Name
in
Full

350

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		MARYLAND		
Died at Westminster		Carroll		Baltimore			Maryland	
Date of death 1908	Month May	Day 2	Age 60	Years 60	Months 0	Days 27		
Sex Male	Color or Race White	Birth- place Maryland						
Occupation Expressman	Where Residing if not at place of death							
Married, Single or Widowed Married	Name of Wife or Husband Sarah Boose							
Father's Name George Utz	Father's Birthplace Maryland							
Mother's Maiden Name Natalie Haines	Mother's Birthplace do							
Name of person giving Information Sarah Utz	How related to deceased Wife							

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Uraemia

Immediate

Pulmonary Edema

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Henry W. Fitzhugh
Westminster.

Accident or Suicide?

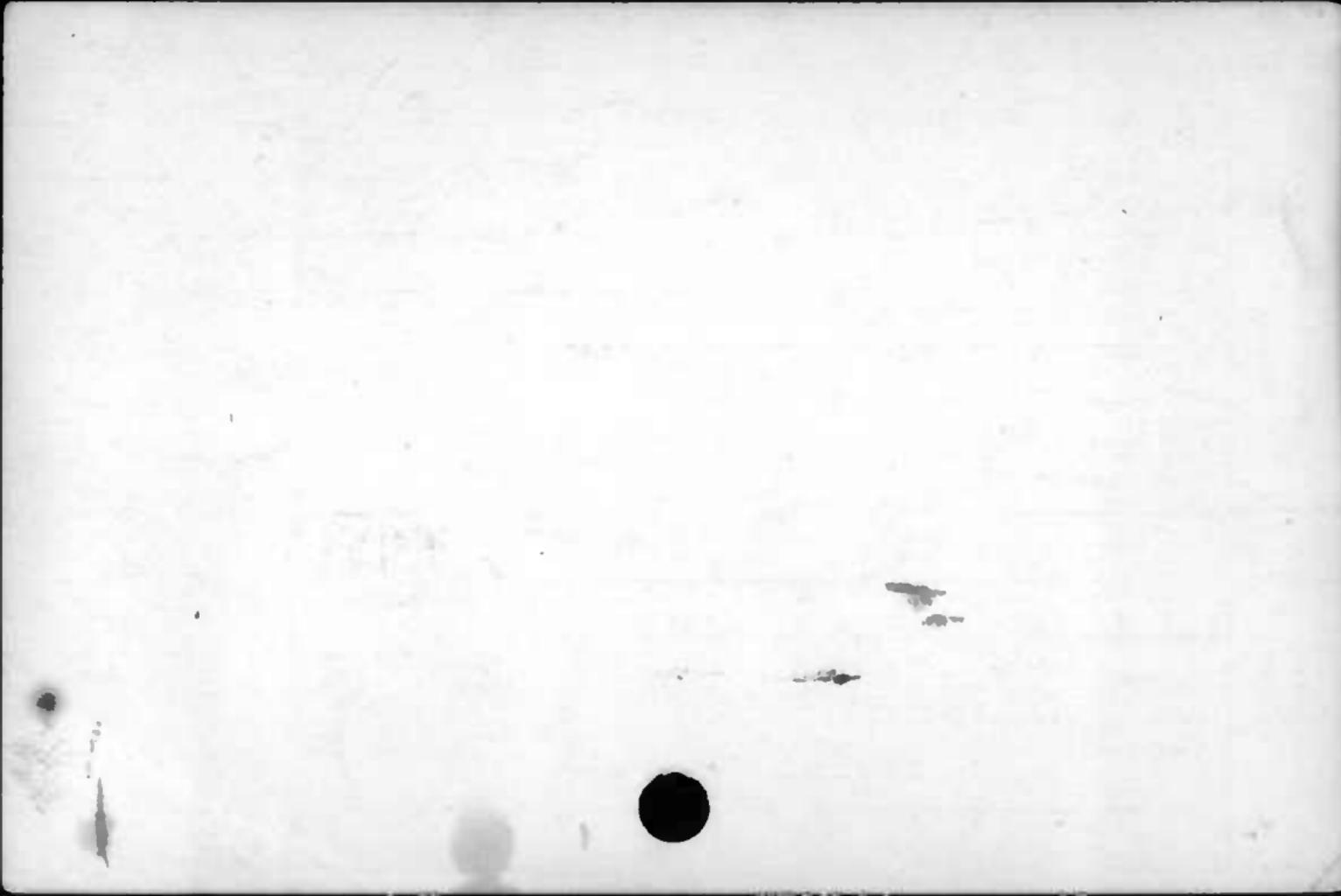
Westminster

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Wrigle Jr.					CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND		
Died at	Westminister	Carroll				
Date of death	1908	Month May	Day 5	Years	Months	Hours 1 hour
Sex	Maled	Color or Race	White	Birthplace	Westminister	
Occupation			Where Residing if not at place of death	Same		
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	John N. Wrigle		Father's Birthplace	Gettysburgh Pa		
Mother's Maiden Name	Pheenie Wrigle Tally		Mother's Birthplace	Adams Co. Pa		
Name of person giving information	Mrs. John Wrigle		How related to deceased	Mother		
CAUSES OF DEATH						
Primary	Premature Birth		151	1 hour		
Immediate	Asphyxia Neonatorum		How long	1 hour		
Are the name, age, sex, color, day and place correctly given above?			Signature of Physician	Lewis Woodward		
			Address	Westminister		
Accident or Suicide?				No		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

George Wiley

Town

County

MARYLAND

Died at Springfield Hosp.

Carroll

Date of death 1908 Month May Day 26 Age 46 Years

Months Days

Sex Male Color or Race White

Birth-place Md

Occupation Painter Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Margaret Wiley

Father's Birthplace Va

Father's Name Jeremiah Wiley

Mother's Birthplace Va

Mother's Maiden Name Lina Curtis

Mother's Birthplace Va

Name of person giving information Hospital records

How related to deceased

66

CAUSES OF DEATH

Primary

General Paroxysm

How long

2 yrs

Immediate

Cerebral congestion

How long

2 mths.

Are the name, age, sex, color, date and place correctly given above?

yes

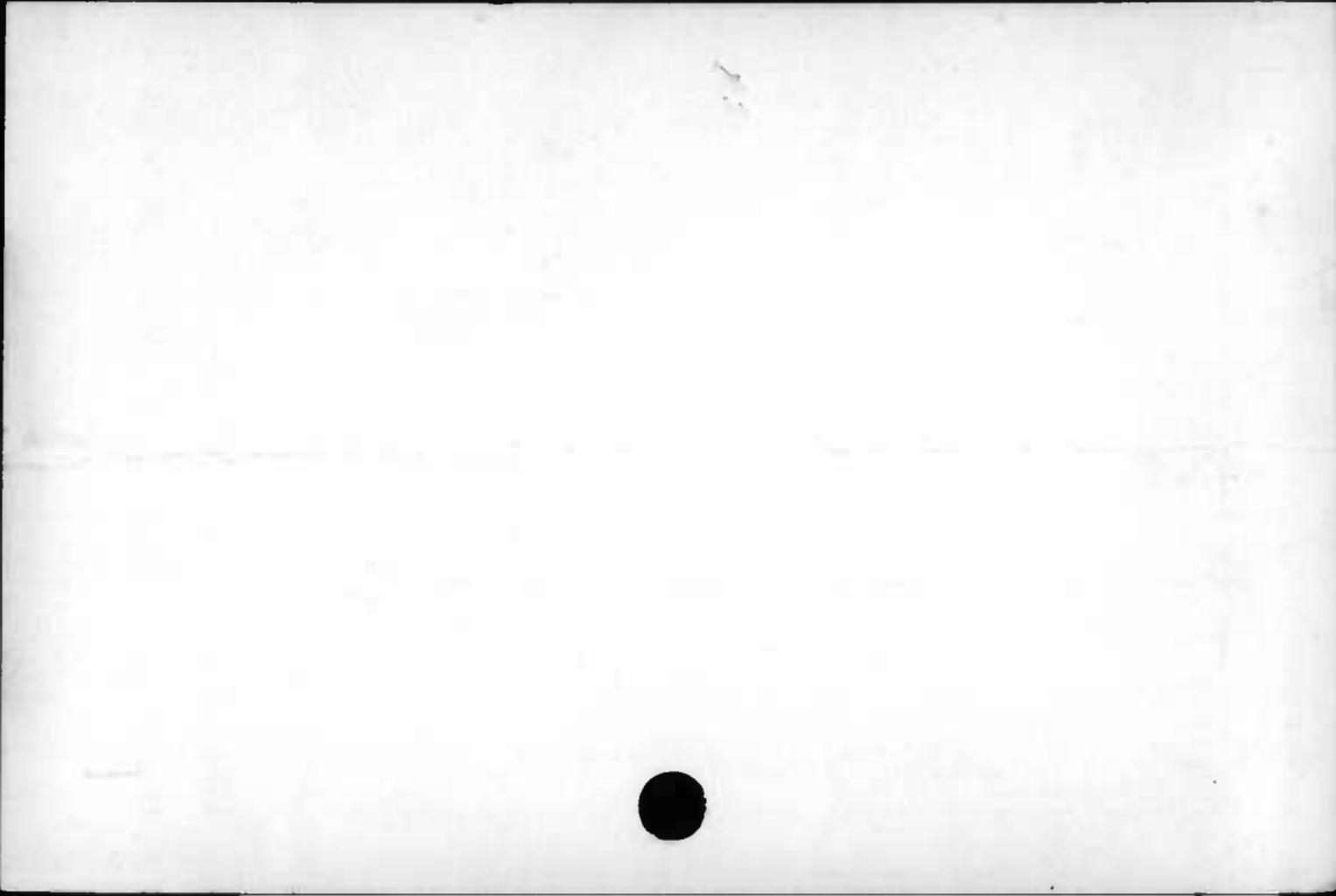
Signature of Physician

Lehar J. Leaneay
Lynderville Md.

Address

Accident or Suicide?

No



Julia A Wilhicle

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Westminster		Carroll					
Date of death	1908	Month May	Day 14	Years 82	Months 6	Days 14	
Sex	Female	Color or Race	white	Birth-place	Maryland		
Occupation	General house work		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Samuel Wilhicle				
Father's Name	Dont Know		Father's Birthplace	Unknown			
Mother's Maiden Name	" "		Mother's Birthplace	Unknown			
Name of person giving information	John Wallacy		How related to deceased	Son			

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Old age

Immediate

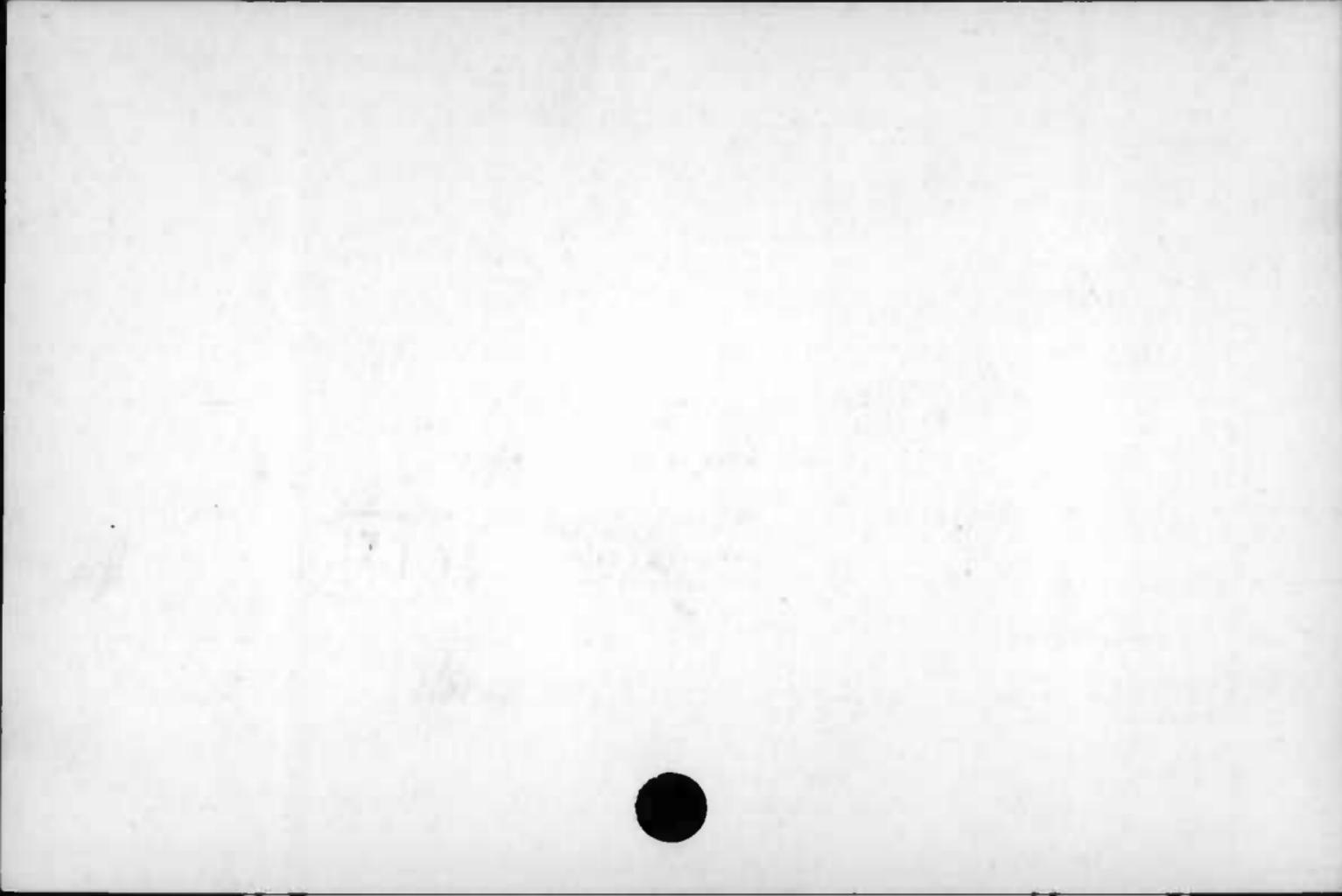
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. M. Sullivan,
146 Main St.,
Westminster, Md.

Address

Accident or Suicide?



Infant Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bloom

Town

County

Carroll

MARYLAND

Date
of death

1908

Month

5

Day

7

Years

Age

Months

2

Days

Sex

Male

Color or
Race

white

Birth-
place

Bloom. Md.

Occupation

Where Residing if not
at place of death

Bloom. Md.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ephriam Williams

Father's
Birthplace

Carroll Co., Md.

Mother's
Maiden Name

Lucie C. Fuzzell

Mother's
Birthplace

Carroll Co., Md.

Name of person giving
Information

Ephriam Williams

How related
to deceased

Father,

CAUSES OF DEATH

179

How long

Primary

Unknown

2 days

Immediate

"

/

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. C. Smith

Address

Winfield Carroll

Accident or Suicide?

Dren Park

Name
in
Full

Harry A. Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Linwood

Town

County

MARYLAND

Date of death 1908 May

Month

Day

Years

Age

23

Months

Days

Sex Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Labour

Where Residing if not
at place of death

Linwood

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Thomas A. Willis

Father's
Birthplace

Maryland

Mother's
Maiden Name

Bell E. Lavan

Mother's
Birthplace

Maryland

Name of person giving
Information

Jean R. Willis

How related
to deceased

Brother

CAUSES OF DEATH

27

How long

3 years

How long

Primary

Double Pulmonary Tuberculosis

Immediate

General asthma

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

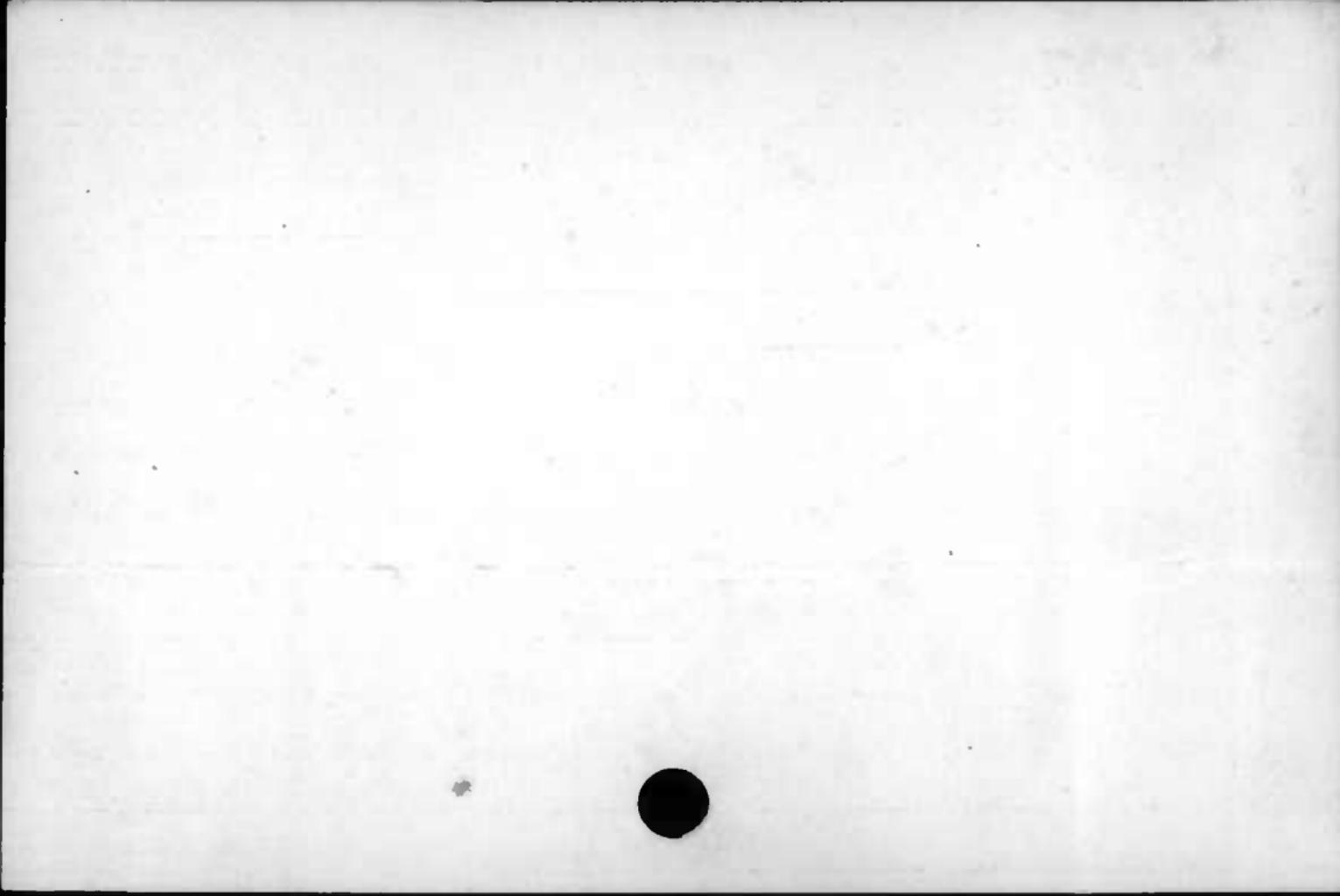
J. H. Legg

Address

Union Bridge, Md.

Accident or Suicide?

No



Name
in
Full

Ann Elizabeth Yingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mayberry</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>17</u>	Age <u>74</u>	Years	Months <u>4</u>	Days <u>16</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>					
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Urish Yingling</u>						
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Urish Yingling</u>	Father's Birthplace <u>Ind</u>					
Father's Name <u>Jeremiah Seiger</u>	Mother's Birthplace <u>Ind</u>						
Mother's Maiden Name <u>Susan Yingling</u>	How related to deceased <u>Son</u>						
Name of person giving information <u>Grant - Yingling</u>							

CAUSES OF DEATH

10

How long

5 day

How long

PHYSICIAN
OR CORONER

Primary

Grip
old ages

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yeo

Signature of
Physician

Address

Librino Up
Sandy town

Accident or Suicide?

1 (a)